	otcy Court, District of Idaho RY PETITION 2003 USBC District of Idaho		
Name of Debtor (if individual, enter Last, First, Middle):	Name of Joint Debtor (Spouse) (Last, First, Middle):		
Welsh, Gent	Welsh, Sandra, Kay		
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 6 years (Include married, maiden, and trade names):		
Western Auto, Sandy's Appliances	Western Auto, Sandy's Appliances Last 4 Digits of Soc. Sec. No. /Complete EID or Tax I.D. No. (State all)		
Last 4 Digits of Soc. Sec. No./Complete EID or Tax I.D. No. (State all) 4326 and 93-0678575	7968		
Street Address of Debtor (No. & Street, City, State & Zip Code):	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):		
417 Rio Vista Blvd.	417 Rio Vista Blvd.		
McCall, Idaho 83638	McCall, Idaho 83638		
County of Residence or of the Principal Place of Business: Valley	County of Residence or of the Principal Place of Business: Valley		
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):		
P.O. Box 3010	P.O. Box 3010		
McCall, Idaho 83638	McCall, Idaho 83638		
Location of Principal Assets of Business Debtor Above street address above):	ess and Clearcreck Storage, Clearcreek, Idaho		
Information Regarding the Del	otor (Check the Applicable Boxes)		
Venue (Check any applicable box)	04-01969 usiness, or principal assets in this District for 180 days immediately preceding		
the date of this petition or for a longer part of such 180 days than in any c	other District.		
There is a bankruptcy case concerning debtor's affiliate, general partne			
Type of Debtor (Check all boxes that apply) Individual (s) Railroad Corporation Stockbroker Partnership Commodity Broker	Chapter or Section of Bankruptcy Code Under Which the Petition Is Filed (Check one box) Chapter 7 Chapter 11 Chapter 13 Chapter 9 Chapter 12 Sec. 304 - Case ancillary to foreign proceeding		
Other	38C. 304 - Case arichary to toreign proceeding		
Nature of Debts (Check one box) Consumer/Non-Business Business	Filing Fee (Check one box) Full Filing Fee attached Filing Fee to be paid in installments (Applicable to individuals only) Must		
Chapter 11 Small Business (Check all boxes that apply) Debtor is a small business as defined in 11 U.S.C. § 101 Debtor is and elects to be considered a small business under	attach signed application for the court's consideration cartifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3		
11 U.S.C. § 1121(e) (Optional)			
Statistical / Administrative Information (Estimates only) Debtor estimates that funds will be available for distribution to unsecur	THIS SPACE IS FOR COURT USE ONLY red creditors.		
Debtor estimates that, after any exempt property is excluded and admit there will be no funds available for distribution to unsecured creditors.	nistrative expenses paid,		
Estimated Number of Creditors 1-15 16-49 50-99 100-199 20	00-299 1000-over		
Estimated Assets	El. (N) (1)		
\$50 - \$50,001 - \$100,001 - \$500,001 - \$10,000.001 - \$50,000 \$50,000 \$100,000 \$ 500,000 \$1 million \$10 million \$50 million \$100	kannani		
Estimated Debts			
\$0 - \$50,001- \$100,001- \$500,001- \$1,000,001- \$10,000,001- \$50,0	00,001 - More than 0 million		
RICHARD CRAWFORTH	91633		
Jim D. Pap	pas		





Form B1, pg 2 (1200)		
Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Gent Welsh and Sandra	. Welsh
Prior Bankruptcy Case Flied Within Last 6 Ye	1.1.100000	
Location NA Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or A	ffiliate of this Debtor (If more than	one, attach additional sheet)
Name of Debtor: NA	Case Number:	Date Filed:
District:	Relationship:	Judge:
Sign	atures	To the winds and
Signature(s) of Debtor(s) Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petition is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States	Signature of Debtor (C I declare under penalty of perjury that petition is true and correct, and that i petition on behalf of the debtor. The debtor requests relief in accorda United States Code, specified in this	nave been authorized to file this
Code, specified in this petition.	X Signature of Authorized Individua	
X Sundha Kay Websh Signature of Joint Debtor Telephone Number (If not represented by attorney) June 2, 2004	Printed Name of Authorized Indiv Title of Authorized Individual	idual
X MAN Suprement of Attorney	_	orney Petition Preparer
X Signature of Attorney for Debtor(s) John T. Schroeder Printed Name of Attorney for Debtor(s) Schroeder & Lezamiz Law Offices LLP Firm Name P.O. Box 267 Address Boise, Idaho 83701	I certify that I am a bankruptcy petitle 110, that I prepared this document for provided the debtor with a copy of the Printed Name of Bankruptcy Petitle Social Security Number	r compensation, and that I have is document.
208-384-1627 Telephone Number	Address Names and Social Security number	s of all other individuals who
June 2, 2004 Date	prepared or assisted in preparing thi	s document:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) Exhibit A is attached and made a part of this petition.	if more than one person prepared sheets conforming to the appropriate X Signature of Bankruptcy Petition I	Preparer
Exhibit B (To be completed if debtor is an Individual whose debts are primarily consumer debts) i, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. X Signature of atterney for Debtot(s)	A bankruptcy petition preparer's fallititle 11 and the Federal Rules of Banlor Imprisonment or both 11 U.S.C. §	KNINTOV PROCEDUCE INEV LEBUIL III III)9≯

Schroeder & Lezamiz Law Offices, LLP 447 West Myrtle Post Office Box 267 Boise, Idaho 83701

JOHN T. SCHROEDER MARGARET M. LEZAMIZ

Certified Lawyer's Assistant June 2, 2004

TELEPHONE (208) 384-1627 FAX (208) 384-1833

ELAINE E. ANDERSON

W. ALAN SCHROEDER*

*Admitted in Idaho & Washington *E-MAIL rangelaw@mindspring.com

> Clerk, U.S. Bankruptcy Court and Chapter 7 Bankruptcy Trustee

Gent Welsh and Sandra Welsh Re: Chapter 7 Bankruptcy, Case No. Scheduling of 341 Meeting of Creditors

Dear Clerk and Trustee:

Please note that I am unavailable for a 341 Meeting of Creditors on the following dates: July 2, 5, 12-23, 2004. you have any questions, please call. Thank you.

Sincerely yours,

JTS/ea

United States Bankruptcy Court

District of Idaho

In re	(SHORT TITLE)		Case Number:
	Gent Welsh and Sandra Welsh	Debtor.	(If Known)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, i, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

	NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
Α-	Real Property	Yes	1	\$ 268,210.00		
B-	Personal Property	Yes		\$ 43,479.54		
Ç-	Property Claimed as Exempt	Yes				
D-	Creditors Holding Secured Claims	Yes	15		\$ 231,120.91	
E-	Creditors Holding Unsecured Priority Claims	Yes	1		\$	
F-	Creditors Holding Unsecured Nonpriority	Yes	6		\$ 468,372.15	
Ġ-	Executory Contracts and Unexpired Leases	Yes	1			
н-	Codebtors	Yes	1			
 -	Current Income of Individual Debtor(s)	Yes	1			\$
J-	Current Expenditures of Individual Debtor(s)	Yes	1			\$
	Total Number of Sheets of ALL Schedules					
			Total Assets	\$ 311,689.54		
				Total Liabilities ➤	\$ 699 , 493.06	

In re (SHORT TITLE)			Case Number:	
	Gent Welsh and Sandra Welsh	Debtor.		(If Known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G -Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Home 417 Rio Vista Blvd. McCall, Idaho 83638		joint	\$246,500.00 fee appraisal 1-29-03	\$ 231,312.58 as of 4-14-04
Commercial Lot McBride Street McCall, Idaho 83638		joint	\$21,710.00 county market value (fair market value could be \$60,000 - \$100,000.)	\$0.00 \$
			\$	\$
			\$	\$
		Total	\$ 268,210.00	

(Report also on Summary of Schedules.)

In re (SHORT TITLE) Case Number:
Gent Welsh and Sandra Welsh
Debtor. (If Known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filled, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

	TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.	none		•	
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	yes	see attached addendum		
3.	Security deposits with public utilities, telephone companies, landlords, and others.	none			
4.	Household goods and furnishings, including audio, video, and computer equipment.	yes	see attached addendum	joint	
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	yes	see attached addendum	joint	
6.	Wearing apparel.	yes	sce attached addendum	joint	
7.	Furs and jewelry.	yes	see attached addendum	joint	
8.	Firearms and sports, photographic, and other hobby equipment.	yes	see attached addendum	joint	
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	yes	Term Life Insurance Policy - Gent	husband	0.00
10	Annuities. Itemize and name each issuer.	попе		husband	

in re

(If Known)

(SHORT TITLE) Case Number:

Debtor.

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

Gent Welsh and Sandra Welsh

	TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11,	interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	nonc			\$
12.	Stock and interests in incorporated and unincorporated businesses, itemize.	none			\$
13.	Interests in partnerships or joint ventures, Itemize.	none			\$
14.	Government and corporate bonds and other negotiable and non-negotiable instruments.	none			S
15.	Accounts receivable.	none			\$
16.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	none			\$
17.	Other liquidated debts owing debtor including tax refunds. Give particulars.	none			\$
18.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. (Form 6A.)	none			S
19.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	none			\$
20.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	допе			\$
21.	Patents, copyrights, and other intellectual property. Give particulars.	none			S
22.	Licenses, franchises, and other general intangibles. Give particulars.	none			S
:					

Case Number: (SHORT TITLE) In re Gent Welsh and Sandra Welsh (If Known) Debtor.

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
23.	Automobiles, trucks, trailers, and other vehicles and accessories.	yes	see attached addendum	joint	\$
24.	Boats, motors, and accessories.	yes	see attached addendum	joint	\$
25.	Aircraft and accessories.	none			\$
26.	Office equipment, furnishings, and supplies.	yes	see attached addendum	joint	\$
27.	Machinery, fixtures, equipment and supplies used in business.	yes	see attached addendum	joint	S
28.	Inventory.		see attached addendum		\$
29.	Animals.	yes	2 dogs	joint	s
30.	Crops - growing or harvested. Give particulars.	nonc]	s
31.	Farming equipment and implements.	none			\$
32.	Farm supplies, chemicals, and feed.				s
33.	Other personal property of any kind not already listed, itemize.	yes	Back traction device	husband	\$ 50.00
continuation sheets attached					\$ 4,767.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

HOUSEHOLD INVENTORY

ENTRY	1 WOOD DEACON'S BENCH	\$25.00
LIVING ROOM	OTTOMAN 3 CUSHION SOFA ROCKER/RECLINER	\$15.00 \$15.00 \$15.00
	(2) OAK END TABLES OAK COFFEE TABLE (2) BRASS LAMPS	\$40.00 \$40.00 \$50.00
	STEREO COMPONENTS IN CABIN SPEAKERS	ET+2FLOOR (20 yrs. old) \$100.00 \$25.00
	36" SONY TV MATCHING TV STAND LIBRARY TABLE	\$50.00 \$ 5.00 \$50.00
	AQUARIUM CLOCK	\$25.00 \$10.00
	(4) SMALL FRAMED PICTURES (3) WATERCOLOR PAINTING GRO (1) LARGE PRINT PICTURE	ОUP \$50.00 \$40.00
	(1) VCR (3) MEDIUM FRAMED PRINTS SATELLITE RECEIVER	\$15.00 \$40.00 \$ 75.00
DINING ROOM	2 PIECE HUTCH/WOOD	\$100.00
DIVINO ROOM	OVAL TABLE + 1 LEAF/WOOD/FC 6 CHAIRS/WOOD	DRMICA \$75.00 \$60.00 \$10.00
	HIGH CHAIR/WOOD OPEN CABINET/VHS TAPE STORA PORTABLE AIR CLEANER	·
	5 CRYSTAL PIECES 1-8 PLACE SETTING SET CHINA FRAMED WATERCOLOR PRINT	\$40.00 \$\$00.00 \$25.00
	MISC. TABLE LINENS MISC. SILVERWARE	\$25.00 \$25.00
KITCHEN	20 CF REFRIGERATOR (with hou COUNTER TOP MICROWAVE	\$20.00
	SLIDE-IN RANGE (with house) MISC. DINNERWARE, POTS AND FLATWARE, COOKING UTENSILS	•
HALL	4 DRAWER WHITE DRESSER	\$30.00
	1 SMALL FRAMED WATERCOLOR	\$ 5.00

HOUSEHOLD INVENTORY

	9 FRAMED FAMILY PHOTOS \$5.00	
	JENN-AIR WASHER (with house) \$75.00	
	JENN-AIR ELECTRIC DRYER (with house) \$75.00	
GUEST BEDROOM	QUEEN BED FRAME \$50.00	
	QUEEN MATTRESS AND BOX SPRING \$100.00	
	2 - WHITE WICKER 4 DRAWER CHEST OF DRAWER	KS \$60.00
	2 - PAINTED WOOD HAMPERS \$20.00	
	2 – SMALL BRASS LAMPS \$20.00	
	1 – WHITE WICKER ROCKER & CUSHIONS \$20.00	
	WHITE WICKER FRAMED OVAL MIRROR \$20.00	
	SMALL FRAMED PICTURE \$ 5.00	
	2 FRAMED FAMILY PHOTOS \$ 5.00	
	3 FRAMED PLASTER PICTURES \$ 5.00	
	ELECTRONIC MUSIC KEYBOARD \$20.00	
SMALL BEDROOM	SUPER TWIN BOOKCASE CAPTAIN'S BED WITH 6	\$100.00
	DRAWER STORAGE	\$ 20.00
	SUPER TWIN MATTRESS	\$ 30.00
	4 DRAWER WOOD CHEST OF DRAWERS	\$ 30.00
	SET OAK/TILE TV TRAYS	\$ 10.00
	(2) FRAMED FAMILY PHOTO	\$ 5.00
	2 DRAWER OFFICE DESK/METAL/FORMICA	\$ 50.00
	SWIVEL OFFICE DESK CHAIR	\$ 20.00
	LAMP	\$ 10.00
BATHROOM	FRAMED PRINT	\$ 5.00
DATINOOM	TRUMBD TRUT	·
LOFT OFFICE	OFFICE DESK	\$100.00
	SWIVEL OFFICE DESK CHAIR	\$ 20.00
	BLACK OFFICE CHAIR	\$ 20.00
	PIANO LAMP	\$. 5.00
	6 SHELF LAMINATE BOOKCASE	\$ 20.00
	1 OPEN STAND UP WALL GUN RACK	\$ 20.00
	3 SMALL FRAMED DOCUMENTS	\$ 10.00
	SMALL BLACK RECORD STORAGE CABINET	\$ 20.00
	4–4 DRAWER FILING CABINETS	\$ 25.00
	6 - FRAMED FAMILY PHOTOS	\$ 5.00
	FRAMED PRINT	\$ 2.00
	DEED MOUNT	~ Z.00

DEER MOUNT

300 MAG RIFLE WITH SCOPE

P. 2

\$ 5.00 \$200.00

HOUSEHOLD INVENTORY

P.3

	30/30 RIFLE	\$150.00 \$ 50.00	
	22 PISTOL	·	
	22 RIFLE	\$.50.00	
BATHROOM	3 FRAMED PRINTS	\$ 5.00	
MASTER BEDROOM	KING SIZE BED FRAME KING SIZE BOX SPRING AND MATTRESSES KING SIZE BOOKCASE HEAD TRIPLE DRESSER WOOD FRAMED MIRROR	\$25.00	
	5 DRAWER CHEST OF DRAW MAPLE ROCKER AND CUSHI WOOD BLANKET STORAGE O TV STAND/ LAMINATE VCR (2) LAMP	ONS \$50.00 CHEST \$50.00 \$10.00 \$20.00 \$20.00	
	25" TV LARGE FRAMED PRINT 2 FRAMED FAMILY PHOTOS 2 WEDDING BAND RINGS MISC. MEN'S AND WOMEN'S	\$20.00 \$ 5.00 \$ 5.00 \$50.00 CLOTHING \$50.00	
BASEMENT	LAMINATE SECRETARY HUTG 46" BIG SCREEN TV (old sty CORDOROY RECLINER 2 - WOOD/TILE END TABLES OVAL COFFEE TABLE 2 - CERAMIC LAMPS QUEEN SOFA SLEEPER 2 PIECE SECTIONAL SOFA SMALL HUTCH STORAGE CAI HANGING LAMP 20 CF UPRIGHT FREEZER SET SNOW TIRES UPRIGHT VACUUM CARPET SHAMPOOER STEP LADDER	CH \$30.00 yle/model) \$75.00 \$40.00 \$40.00 \$40.00 \$30.00 \$100.00 \$200.0	10

HOUSEHOLD INVENTORY

P.4

PORTABLE PING PONG TABLE MISC. TOOLS MISC. FISHING, CAMPING AND HU	MING EQUI MENT	0.00
LAWN MOWER STRING TRIMMER	\$25.00 \$ 2.00	
ELECTRIC LEAF BLOWER	\$20.00	
FORAMINAL STENOSIS LUMBAR S	PINE TRACTION \$10.00	
DEVICE		
GAS CHAIN SAW	\$25.00	
ELECTRIC CHAIN SAW	\$15.00	
1 BBO	\$100.00	
5 RESIN OUTDOOR CHAIRS	\$ 20.00	
2 RESIN OUTDOOR LOUNGERS	\$ 30.00	
SMALL METAL/GLASS TABLE	\$ 20.00	
3 RESIN OUTDOOR SMALL TABLE		
1 WOMEN'S BICYCLE	\$ 20.00	
ROUND RESIN OUTDOOR TABLE	\$ 20.00	
Shop Sofa - old (8ft.) (at Clearcreek Storage unit)	\$ 30.00	

Total is approximately \$4,717.00, however value could be as low as \$4,000.00 for all.

No. 26 and No. 27

OFFICE AND BUSINESS INVENTORY

5-27-04

1 - DESK 3 - OFFICE CHAIRS 7 - 2 DRAWER FILE CABINETS 1 - 4 DRAWER FILE CABINET 1 - SNOWBLOWER - 8 years old 1 - 5' X 7' PLYWOOD SIGN - Sandy's Appliances 1 - OPEN SIGN 3 - TELEPHONES 1 - COMPUTER (Del1)	\$\$\$\$\$\$\$\$\$\$\$	70.00 50.00 70.00 35.00 50.00 10.00 15.00 400.00
1 - COMPOTER (Dell) 1 - COPIER 1 - PRINTER (pd. \$79.00 in 2003) 1 - FAX MACHINE (pd. \$39.00 in 2004) 1 - VACUUM DISPLAY 1 - TV DISPLAY 1 - PHONE DISPLAY 1 - TYPEWRITER - old Brothers 3 - HAND TRUCKS		100.00 10.00 20.00 20.00 50.00 5.00
 1 - 18 Ft. Refrigerator (needs compressor) 1 - 13" TV monitor for setting up dishes 1 - Electric cook top display 2 - electric signs (phone signs) 1) 5ft. Verizon sign 2) 4ft. Air touch sign 		25.00 25.00 75.00 50.00 40.00

Total of Office and Business Inventory is approximately \$1,155.00, but could be as low as \$800.00.

In re: Gent Welsh and Sandra Welsh

2. Bank accounts:

US Bank checking acct # 153300586283 (Gent's name only) (balance as of 6/1/04)	\$	298.05
US Bank checking acct # 153300586358 (Sandy's name only) (balance as of 6/1/04)	\$	42.13
Sandy's Applicances checking acct # 153300592166 (balance as of 6/1/04)	\$ 2	2,335.42

In re: Gent Welsh and Sandra Welsh

No. 23 and No. 24:

1997	Ford Pickup, 110,000 miles (cracked from	nt
bed	on both sides)	\$ 3,000.00
1991	Zieman utility trailer	\$ 200.00
2001	Polaris 500 4x4	\$ 2,500.00
1999	Polaris 500 4x4	\$ 2,000.00
1975	20' Prowler Travel Trailer	\$ 500.00

The following items are at the Clearcreek Storage Unit in Clearcreek, Idaho:

1971 15' bayliner boat, motor, cover and	\$	2,000.00
1973 boat trailer		
1977 Harley Davidson		3,000.00
1989 Polaris 650 indy snowmobile	-	1,500.00
1985 Yamaha Enticer snowmobile	\$	500.00
Phone cards - face value	\$1	3,215.00
34 phone card display boxes (\$30 each)	\$	1,020.00
2 - 12 ft. business signs - metal		
(Western Auto signs) (\$175.00 each)	\$	350.00
1 - wood business sign - says Western Auto	\$	50.00

As of 5-31-04 PHYSICAL INVENTORY

COST		MODEL NO.	S/N
279	REFER	HTR15ABRRWW	AG731197
414		PTB1953GRW	18945089CG
167 228	FREEZERS	FCM7DNWH FCM15DPWH	ZF941703 VF169118
357		FUM21DPARWH	GF161388
340	DRYER	DSXH43EAWW	GG708659
241 269 242 218 229 336 220 248 315 43 69	WASHER DRYER WASHER DRYER WASHER RANGE DISHWASHER	WBSR3140DWW DBSR453EBWW VBSR3100DWW NWSR483EBWW VBXR1090DWW JBP24WHWW GSD2600GWW GSD3400GWW MDB5600AWB JE610WF JE1160BD	DG102230G DG761524 DG157580 HG740055 DG191927 TF203984 VF702164 MF9178873 22174545CX HF901110 ZF900054
104.97 107.97 85 267 267	VACUUM ACCYS. RECLINERS GREEN " TAN "	EUREKA "THE BOSS" SHARP EC12TWT4 BAGS, BELTS, CORDS, CO	MPACTOR BAGS



Blue Book MARKET WATCH. Enter email address

Sig

New Car Pricing Build a Car Incentives **Quality Ratings** Ownership Cost

Blue Book Motorcycle Trade-In Report

March 17, 2004

1977 Harley-Davidson FXE Super Glide My Car's Value

Free Price Quote Buy a Used Car Self Your Car **Motorcycles**

Used Car Retail

Financing Insurance Lemon Check

Car Reviews Car Previews **Decision Guides** Advice

Free Newsletter

About kbb Homa : 2-Cylinder 4-Stroke 1200cc

Buy a Motorcycle Sell Your Motorcycle Motorcycle APRs from 5.99% Motorcycle Store Motorcycle Insurance Another Report Sell your Harley-Davidson on eBay Motors

Trade-in Value (Good Condition)

\$5210

The trade-in value represents what you might expect to receive from a dealer for this consumer-owned unit. Keep in mind that the dealer must then absorb the cost of making the unit ready for sale, advertising, sales commissions, arranging financing and insurance and standing behind the unit for any mechanical or safety problems. Trade-in values are based on clean units in good condition, with all original standard equipment. Mileage/condition and additional equipment may have a substantial impact on the value shown above.

> BLUE BOOK VALUE FEEDBACK

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in re	(SHORT TITLE)		Case Number:	
	Gent Welsh and Sandra Welsh	Debtor.	1	If Known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under

(Check one	box)
------------	------

- 11 U.S.C. § 522(b)(1) Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain
- 11 U.S.C. § 522(b)(2) Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY, WITHOUT DEDUCTING EXEMPTIONS
PLEASE REFER TO ACCOMPANYIN ARE SET FORTH IN FULL * * * * * * * * * Home located at 417 Rio Vista Blvd.	G SCHEDULES WHICH Idaho Code 55-1003 et.seq.	\$ ARE INCORPORATED \$ Up to maximum of \$50,000.00	\$ HEREIN AS IF THEY \$ \$246,500.00 per appraisa
McCall, Valley County, Idaho 83638 Life Insurance/Term Life Insurance.	11-605	as permitted by statute Maximum by statute.	unknown. Not believed to have any value/terr
		\$	s
		s	\$
		\$	\$

In re: Gent Welsh a Sandra Welsh
EACH INDIVIDUAL DEBTOR CLAIMS THE FULL STATUTORY EXEMPTIONS AS PERMITTED BY LAW.
All are estimated values

	All are estimated values			
LAW FOR	HOUSEHOLD INVENT	ORY		
IDAHO CODE	HOUBEHOLD II. CARL	THE VALUE	CLAIMED AS EXEMPT IS AS STATED:	
11-605	ENTRY	1 WOOD DEACON'S BENCH	\$25.00	
11-605	LIVING ROOM	OTTOMAN	\$15.00	
11		3 CUSHION SOFA	\$15.00	
u u		ROCKER/RECLINER	\$15.00	
"		(2) OAK END TABLES	\$40.00 \$40.00	
11		OAK COFFEE TABLE		
11		(2) BRASS LAMPS	\$50.00	
11		STEREO COMPONENTS IN CABIN	ET + 2 FLOOR (20 yrs. old) \$100.00	
*1		SPEAKERS	\$25.00	
ti		36" SONY TV	\$50.00	
11		MATCHING TV STAND	\$ 5.00	
"		LIBRARY TABLE	\$50.00	
It		AQUARIUM	\$25.00	
TI .		CLOCK	\$10.00	
"		(4) SMALL FRAMED PICTURES		
"		(3) WATERCOLOR PAINTING GRO	ур \$50.00	
11		(1) LARGE PRINT PICTURE	\$40.00	
н		(1) VCR	\$15.00	
n		(3) MEDIUM FRAMED PRINTS	\$40.00	
11		SATELLITE RECEIVER	\$ 75.00	
11	DINING ROOM	2 PIECE HUTCH/WOOD	\$100.00	
11		OVAL TABLE + 1 LEAF/WOOD/FO	RMICA \$75.00	
11		6 CHAIRS/WOOD	\$60.00	
11		HIGH CHAIR/WOOD	\$10.00	
11		OPEN CABINET/VHS TAPE STORA	AGE \$20.00	
11		PORTABLE AIR CLEANER	\$70.00	
rr		5 CRYSTAL PIECES	\$40.00	
11		1-8 PLACE SETTING SET CHINA	\$\$00.00	
"		FRAMED WATERCOLOR PRINT	\$25.00	
11		MISC. TABLE LINENS	\$25.00	
n .		MISC. SILVERWARE	\$25.00	
n	KITCHEN	20 CF REFRIGERATOR (with hou	se) \$80.00	
11	MICIMA	COUNTER TOP MICROWAVE	\$20.00	
11		SLIDE-IN RANGE (with house)	\$80.00	
tt		MISC. DINNERWARE, POTS AND	•	
91		FLATWARE, COOKING UTENSILS	·	
		11211 Wild, Cooking Climbins	·	

4 DRAWER WHITE DRESSER

1 SMALL FRAMED WATERCOLOR

\$30.00 \$ 5.00

HALL

In re: Gent Welsh

EACH INDIVIDUAL DEBTOR CLAIMS THE FULL STATUTORY EXEMPTIONS AS PERMITTED BY LAW.

LAW FOR	HOUSEHOLD INVEN	TORY	P. 2
EXEMPTIONS: IDAHO CODE		THE VALUE CLAIME	ED AS EXEMPT IS AS STATED:
11-605 " "		9 FRAMED FAMILY PHOTOS \$5.00 JENN-AIR WASHER (with house) \$75.00 JENN-AIR ELECTRIC DRYER (with house)	0
** ** ** ** ** ** ** ** ** ** ** ** **	GUEST BEDROOM	QUEEN MATTRESS AND BOX SPRING 2 - WHITE WICKER 4 DRAWER CHEST OF D 2 - PAINTED WOOD HAMPERS 2 - SMALL BRASS LAMPS 1 - WHITE WICKER ROCKER & CUSHIONS WHITE WICKER FRAMED OVAL MIRROR SMALL FRAMED PICTURE 2 FRAMED FAMILY PHOTOS 3 FRAMED PLASTER PICTURES	\$20.00 \$20.00
17 18 18 18 18 18 18 18 18 18 18 18 18 18	SMALL BEDROOM	SUPER TWIN BOOKCASE CAPTAIN'S BED W DRAWER STORAGE SUPER TWIN MATTRESS 4 DRAWER WOOD CHEST OF DRAWERS SET OAK/TILE TV TRAYS (2) FRAMED FAMILY PHOTO 2 DRAWER OFFICE DESK/METAL/FORMICA SWIVEL OFFICE DESK CHAIR LAMP	\$ 20.00 \$ 30.00 \$ 30.00 \$ 10.00 \$ 5.00
11	BATHROOM	FRAMED PRINT	\$ 5.00
" 11-60	LOFT OFFICE 5 (7) (EXEMPT-GENT)	OFFICE DESK SWIVEL OFFICE DESK CHAIR BLACK OFFICE CHAIR PIANO LAMP 6 SHELF LAMINATE BOOKCASE 1 OPEN STAND UP WALL GUN RACK 3 SMALL FRAMED DOCUMENTS SMALL BLACK RECORD STORAGE CABINET 4-4 DRAWER FILING CABINETS 6-FRAMED FAMILY PHOTOS FRAMED PRINT DEER MOUNT 300 MAG RIFLE WITH SCOPE	\$100.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 10.00 \$ 20.00 \$ 25.00 \$ 5.00 \$ 5.00 \$ 200.00

In re: Gent Welsh and Sandra Welsh

EACH INDIVIDUAL DEBTOR CLAIMS HE FULL STATUTORY EXEMPTIONS AS ERMITTED BY LAW.

All are estimated values

LAW FOR EXEMPTIONS: IDAHO CODE	HOUSEHOLD INVE	NTORY	THE VALUE CLA	[MED AS 1	P.3 EXEMPT IS AS STATED:
11-605 (7)	11-605 (7) 30/30 RIFLE 22 PISTOL 22 RIFLE		(EXEMPT-SANDY)	\$150.00 \$ 50.00	
				\$.50.00	
11-605	BATHROOM	3 FRAMED PRINT	rs .	\$ 5.00	
# # # # # # # # # # # # # # # # # # #	MASTER BEDROOM	MATTRESSES KING SIZE BOOK TRIPLE DRESSER WOOD FRAMED 5 DRAWER CHES MAPLE ROCKER WOOD BLANKET TV STAND/ LAM VCR (2) LAMP 25" TV LARGE FRAMED 2 FRAMED FAMIL 2 WEDDING BAN	EPRING AND 2 SUPER CASE HEADBOARD MIRROR T OF DRAWERS AND CUSHIONS T STORAGE CHEST INATE PRINT LY PHOTOS		\$60.00 \$40.00 \$25.00 \$20.00 \$30.00 \$10.00 \$50.00 \$50.00 \$50.00 \$20.00 \$20.00 \$20.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00
11605	BASEMENT	CORDOROY RECL 2 – WOOD/TILE EN OVAL COFFEE TA 2 – CERAMIC LAM QUEEN SOFA SLE 2 PIECE SECTION	V (old style/mode: INER ND TABLES BLE IPS EPER AL SOFA TORAGE CABINET REEZER		\$30.00 \$75.00 \$40.00 \$40.00 \$40.00 \$30.00 \$100.00 \$200.00 \$15.00 \$5.00 \$10.00 \$10.00 \$5.00 \$5.00

In re: Gent Welshammand Sandra Welsh

EACH INDIVIDUAL DEBTOR CLAIMS THE FULL STATUTORY EXEMPTIONS AS PERMITTED BY LAW.
All are estimated values

_	All die esti	maced varues
LAW FOR EXEMPTIONS:	HOUSEHOLD INVENTORY	P.4 THE VALUE CLAIMED AS EXEMPT IS AS STATED:
IDAHO CODE	PORTABLE PING PONG	
11 - 605	MISC. TOOLS	\$50.00
17		NG AND HUNTING EQUIPMENT \$80.00
11	LAWN MOWER	\$25.00
ķī.	STRING TRIMMER	\$ 2.00
11	ELECTRIC LEAF BLOW	
11		S LUMBAR SPINE TRACTION \$10.00
п	DEVICE	405.00
II.	GAS CHAIN SAW	\$25.00 ,
11	ELECTRIC CHAIN SAW	\$15.00
11	1 BBQ	\$100.00
"	5 RESIN OUTDOOR CHA	
n	2 RESIN OUTDOOR LOU	
н	SMALL METAL/GLASS	7 20.00
,, 	3 RESIN OUTDOOR SMA	
N N	1 WOMEN'S BICYCLE	\$ 20.00
	ROUND RESIN OUTDOO	OR TABLE \$ 20.00
11	Shop Sofa - old (8ft. (at Clearcreek Storage	

Total is approximately \$4,717.00, however value could be as low as \$4,000.00 for all.

In re: Gent Welsh and Sandra Welsh

No. 26 and No. 27

EACH INDIVIDUAL DEBTOR CLAIMS THE FULL STATUTORY EXEMPTIONS AS PERMITTED BY LAW.

•	
LAW	FOR
EXE	PTIONS:

ÖFFICE AND BUSINESS INVENTORY

5-27-04

11-605 (3)		THE	VALUE	CLAIM	D AS	EXEMPT	IS	AS	STATED:
II .	1 – DESK			Ś	70.	00			
H				\$.00			
н	3 – OFFICE CHAIRS			\$	70.				
	7 – 2 DRAWER FILE CABINETS			\$	35.				
**	1 – 4 DRAWER FILE CABINET			\$.00			
11	1-SNOWBLOWER - 8 years old			•					
11	1-5' X 7' PLYWOOD SIGN - Sandy's Applia	nces		\$	_ 10,	.00			
11	1 – OPEN SIGN			\$.00			
Ħ	3 – TELEPHONES			\$	15				
IT	1 - COMPUTER (Dell)			\$	400.0	00			
11	1 - COPIER			Ś	100.0	no			
H	1-PRINTER (pd. \$79.00 in 2003)			\$	10.0				
II				-					
11	1-FAX MACHINE (pd. \$39.00 in 2004)			\$	10.0				
11	1 – VACUUM DISPLAY			\$ \$	20.0				
11	1 – TV DISPLAY			۶ \$	20.0 50.0				
!1	1 – PHONE DISPLAY			ې و					
*1	1-TYPEWRITER - old Brothers			Ą	5.0	00			
17	3 HAND TRUCKS			s	15.	00 -			
н	•			•					
н	1 - 18 Ft. Refrigerator (needs compressor			•	25.				
н	1 - 13" TV monitor for setting up dishes			\$	25.				
	l - Electric cook top display			\$.75.	00			
11	2 - electric signs (phone signs)								
 If	1) 5ft. Verizon sign				50.				
••	2) 4ft. Air touch sign			\$	40.	00			

Total of Office and Business Inventory is approximately \$1,155.00, but could be as low as \$800.00.

In re: Gent Welsh and Sandra Welsh

EACH INDIVIDUAL DEBTOR CLAIMS THE FULL STATUTORY EXEMPTIONS AS PERMITTED BY LAW.

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7	Ponk	accounts:
/		autuumina.

LAW FOR EXEMPTIONS:	THE V	ALUE CLAIMED	AS EXEMPT I	s as stated:
IDAHO CODE	US Bank checking acct # 153300586283	\$	298.05	
11-605 (10)	(Gent's name only) (balance as of 6/1	./04)		
п	US Bank checking acct # 153300586358 (Sandy's name only) (balance as of 6/	\$ '1/04)	42.13	
	Sandy's Applicances	\$ 2	2,335.42	
	checking acct # 153300592166			
	(balance as of $6/1/04$)			

In re: Gent Welsh and Sandra Welsh EACH INDIVIDUAL DEBTOR CLAIMS THE FULL STATUTORY EXEMPTIONS AS PERMITTED BY LAW.

No. 23 and No. 24:

LAW FOR

T-16-20 1 1 1/21 1	Tio. Do dita ito: De	
EXEMPTIONS:		THE VALUE CLATMED AS EXEMPT IS AS STATED:
11-605 (3)	1997 Ford Pickup, 110,000 miles (crac	icked front
	bed on both sides)	\$ 3,000.00
11-605 (10)	1991 Zieman utility trailer	\$ 200.00
	2001 Polaris 500 4x4	\$ 2,500.00
	1999 Polaris 500 4x4	\$ 2,000.00
11-605 (10)	1975 20' Prowler Travel Trailer	\$ 500.00
	The following items are at the Clear	creek
	Storage Unit in Clearcreek, Idaho:	
	1971 15' bayliner boat, motor, cover 1973 boat trailer	and \$ 2,000.00
11_605/21**	-	\$ 3,000.00
11-003(3)	1977 Harley Davidson	\$ 1,500.00
	1989 Polaris 650 indy snowmobile	\$ 500.00
	1985 Yamaha Enticer snowmobile	•
	Phone cards - face value	\$13,215.00
	34 phone card display boxes (\$30 each	ch) \$ 1,020.00
	2 - 12 ft. business signs - metal	
	(Western Auto signs) (\$175.00 ea	each) \$ 350.00
	1 - wood business sign - says Western	rn Auto \$ 50.00

^{**} Debtors wish to exempt the 1997 Ford Pickup. If each individual debtor is entitled to exempt a motor vehicle, then Gent would exempt the Ford Pickup and Sandy would exempt the Harley Davidson.

In re	(SHORT TITLE)		Case Number:
	Gent Welsh and Sandra Welsh	Debtor.	(If Known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interest such as judgment liens, garnishments, statutory liens, mortgages, deed of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of craditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
LAST 4 DIGITS OF ACCOUNT NO. 667		至	See attached 2003 appraisal					
Household Mort. Services P.O. Box 60113 City of Industry, CA 91716-0113			Debt as of 4-29-04				231,120.91	
Corty Of Industry, Off 5 17 17 0 0 1 10			Value \$ 246,500.00					
LAST 4 DIGITS OF ACCOUNT NO.	J	<u> </u> 						
			Value \$					
LAST 4 DIGITS OF ACCOUNT NO.	79170117711]		[]	[,	1-1-2-11		
	_	_	Value \$	<u> </u>		<u> </u>		
LAST 4 DIGITS OF ACCOUNT NO.					i manari			
8.4.4			Value \$					
1.1				Subt	total	>	\$ 231,120.91	1
14 Continuation sheets attached			(Total of (Use only	T	otal	>	\$ 231,120.91	

(Report total also on Summary of Schedules)

roj	nerty Description	1				RM RES	DE	.				PORT	File No	. 030	1008
ŀ	Property Address_				7 Rio		٠.	City		McCall		State	101	Z <u>lo Code</u> i	83638
J	Legal Description											County			
ł	Assessor's Ferce Romwer					0000030		Лак Уод		<u>2 R.E</u>	. Taxas:	1.28 1.46	Specio	<u> Assosamenta 8</u>	
ł	Property rights at		elsh, Genta			Cirment Oyeg Lessehold			prower	_		indealor X		Tenant	Vacant
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H	Builtup	_		X 25		Under 26%		IPRPOY	PRICE S(CDO)	aminy na	EUP (yes)	One family		Land use char	
H	Growth rate			X		5low		Owner	100	Low	2	2-4 family	95	X Not likely	
Н	Property values			X 816		Declining		Tenant	375	High	25	Multi family _		tn proces Tu:	•
ľ	Demanc/supply				balance	Over supply		Vacent (0-5%)		salestarianas		Commercial		TB:	
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Freddle Map Form 70 9-99

Land Appraisa!

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	So, Ft. 68.3 14.00		1.900 1.900								
Bsmt 929 sq. Ft. @ \$ 14.00 - 12.900 from Marshali & Swift Residential Cost Handbook and backs - 4.000 is tempered wit Jord cost Information, Site value is											
Garage/Corport 420 Sq. Ft. @ \$ 1500 = 6.300 eastmated, from data collected on similar unimproved											
Total Estimated Cost New -5 129,600 parcels in the subject market area, Depreciation is											
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INDICATED VALUE BY	COST APPROAGH		174.4	00 Est Rom Eson Life	55-60	yra					
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Price/Gross Liv. Area		5 187.14	234,000 124,346	\$ 194,95 🔽							
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Concessions		None		Conv None		Conv None					
Oate of Sale/Uppe	15 15 15 No.	10/2002		08/2002		08/2002					
Location	Avo+	Ava+		Ava+		Ava	+6,000				
Leasehold/Foe Bimpla	Fee Simple	Ees Simple		Fee Simple		Fee Simple					
Stte Vlow	593.acres	1.14 sc River & Mts		1.75 ac	15,000						
Design and Appeal	River 1.5 strv/A+	1.5 strv/Frame		River frontage 1.5 strv/Framo		Limited Lake					
Quality of Construction		Ava+		T.a stron ramo	10,200	1.5-stry/Frame Ava	+13,800				
<u>^ae</u>	30a/15e	12a/6e	-9.500	8e/2e	-18,200		-2.500				
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Fence, Pool, atc.											
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Adjusted Sales Price		THE PARTY OF THE P	-15,600	i_+ Xi-3 Watana	-49,500	X + - 3 	2,000				
of Comparable	通信的		218.400		282,500		222.000				
🖁 Commema on Sales C	omparison (including the	eubject property's co	mpatibility to the	neighborhood, etc.);		ENT ADDENDU					
											
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ITËM	<u> 5</u> ЦВ <u>иест</u>	<u>CQMPARABLE</u>		COMPARABL	.E NO. 2	COMPARABI	E NO. 3				
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Analysis of any outside suprement of seas, coston of the subject property and season of the subject p											
Analysis of any outsid sugressment of sale, option, or leading of the subject property and enulysis of any prior select of subject and comparables within one year of the date of approblem.											
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MINDICATED VALUE P	Y DALES COMPARISON DESCRIPTIONS	N APPROACH					248.500				
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<u>are considered i</u>	n the final analys <u>is</u>	and ete ednallā	walanted in	me jing <u>i opinion.</u>							

The purpose of this repursion is to estimate the market value of the real property that is subject to this report, based on the above conditions and the certification, continuent and limiting conditions, and market value admittion that are storad in the arteched Fracidic Mac Form 439/Famile Mac Form (Revised 6-93).

I (WE) ESTIMATE THE MARKET VALUE, AS DEFINED, OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT, ASIGE 1/29/2003

(WHICH IS THIS DATE OF INSPECTION AND THE EFFECTIVE DATE OF THIS REPORT) TO BUT 248,500

APPRAISER; SUPERVISORY APPRAISER (ONLY IF REQUIRED):

Skongt.ge_

State ID Or State License #

Cilcle Orkant Heal Felvie Appraisal Software by Registers Technologies (800) 822-6727

Name
Date (teppet Signed

Did Did Not Inspect Property

Slate State

Fanole Mae Form 1004 (6-93)

Carol Luxoren

Signaturo

EXTRA COMPARABLES 4-5-6		File No. 0301006
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	EXTRA COMP	ARABLES 4-5-6	File No. 0301006
florrower, Welsh, Gent & Sandy			
Property Address 417 Rig Vistal			
CRy McCall	County Valley	State ID	7/p Code83638
Lender/Client Accurate American Me	Ortoaus Address	∍ 8040 Eest Moruan Trail#20, Ş	cottsdale, AZ 85258

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ITEM	SUBJECT	COMPARAG	JLE NO. 4	ÇÇMPARA	BLE NO. 6	COMPARAE	BLE NO. 6	
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Address Proximity in Supject	McCall :	McC Same dev	elonment				•	
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Date and/or Verification Source	insp/ Assessor	ML,S/Assess	ior/Ext Insp					
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	e(-)\$ Adjustmont	DESCRIPTION	<u>∸()5 Adlyst</u> ment	DESCRIPTION	+(-)) Adjustment	
Sálás ár Firencing		Conv			i		i supplement	
Concessions <u>Date</u> of Sale/Time		None 10/2001	·		<u> </u>		<u> </u>	
Location	Avu+	Good	-15.000		+ .	· ·	:-	
Leasehold/F <u>oe Slimple</u>	Ees_Simplo	Fee Simble					<u>i</u>	
Site View	.593 acreş River	.3 ac			 			
Doolgn and Appent	1.5 strv/A+	Lake & Trees 1.5 stry/Frame					+	
Quality of Construction	Ava+	Good					<u> </u>	
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Atove Grade	Toler Defens Parks	Good Same Same	†	Total Brime Bear		Terra Terra	·· 	
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Gross Living Area Desement A Finished					4	5a. F	t	
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Functional Utility [Parting/Cooling	Ava	Ayg	<u> </u>					
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Porch, Patio, Dack, <u>Lirepysce(s), etc.</u>	Deck/ petr/Poych ——Gas Insort	Docks					 	
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	N. J. Daniel and P. Waller and D. W. (1997).				<u> </u>		-	
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ITEM	SUBJECT	COMPARAU	UE NO 4					
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	· 	CIRAFORMS Real Estate	Arcreles Solwers by in	≐/ford Technologies (800)	R22-8727			



File Nb. (0301006)

Qorrower Welsh, Gont & Sandy		
Property Address 417 Rig Vista		
City McCall County Vallov	State 1[)	7ln Code83838
Leader/Chem Accurate American Mortgage	Address BOAD East Morgan Trail#20.	Scottadale, AZ 85258

COMMENTS ON SUBJECT

Subject is located in Riq Vista Subdivision within the city of McCall. The subdivision is well treed, which offers privary and the repling of seclusion. Subject is a 1 and 1/2 story, frame construction; with wood siding and metal roof. Subject is in good condition and appears to have been well maintained, remodeled and upgraded through the years. The first lovel has a living room and dining area, with one, wall mostly glass and vaulted calling with a celling fan. The first level also contains the kitchen and two bedrooms, a bath and a laundry area in the hallway. The second level contains a homo office, a bath and a master bedroom that has a celling fan. The basement has a glass wall facing the river from a family room and an unfinished area that is used for storage and as a weight room. There is a built-in hot tub on the besement petic area. The decks from both levals offer a panoramic view of the river. There is a wooden walkway from the 1st level to

COMMENTS ON SALES COMPARISONS

The comparables used in this report are the most recent similar sales found in the subject market area. The small population produces few sales in the subject category and price range making it bifficult to find sales that closely bracket the subject, GLA on all comps is adjusted at \$25 xq ft. When indicated, age is adjusted at 1/2% of effective age, loss the estimated site value.

Comparable #1 is located in a newer subdivision south of McCall above the Payette River, 8tte has a good view of the river and surfounding mountains. Home is 1.5 frame construction of similar quality and condition of the subject. This comb has a 100% inhighed basement and adjustment is made considering the subjects partially finished area.

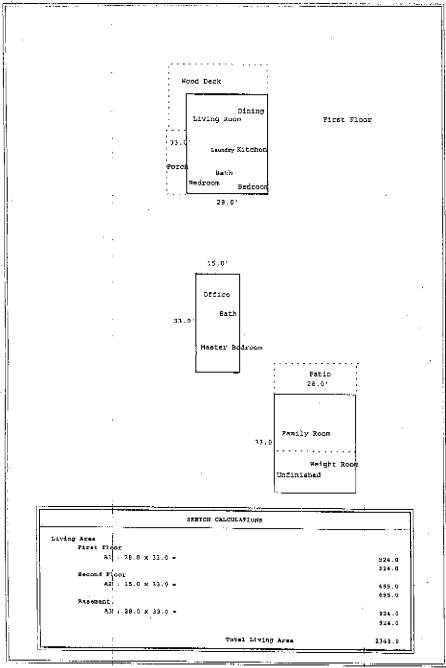
Comparable #2 is located in the Payette River Subdivision. Site is larger than the subject and has some river frontage. Market data indicates location is superior and adjustment to the site grid is made considering the above factors. Residence is 1.5 story frame home in better quality than theisubject. Compiles a fully finished basement area that is adjusted at \$15 sq ft. Compiles a 2 car, finished, built-in garage.

Comparable #3 is located just east of the central portion of McCall, Market data shows that the location of the smaller site is inferior to the subject and adjustment is indicated. Comp has a distant, limited lake view, Quality is inferior to subject and adjustment is made at \$4 sq ft. Comp does not have a basement and adjustment is made for the subjects mostly finished area.

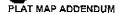
Comparable #4 is an older sale located in the same development as the subject. Comp fronts a small lake and adjustment is indicated for superior location and view. This home is a 1.5 story frame donstruction whose superior quality is adjusted at \$8 sq ft. Comp does not have a basement erea.

File Nb. 0301006

^{tonower} Welsh, Gent & Sandvi	<u> </u>			
Property Address 417 Rlo Vista				
Ny McCall	County Valley	State ([)	Zip; Code83638	
<u>wide//Cileyt Accurate American</u>	Mortoage	Address 8040 East Morgan Trail#20.	Scottsdale, AZ 85258	

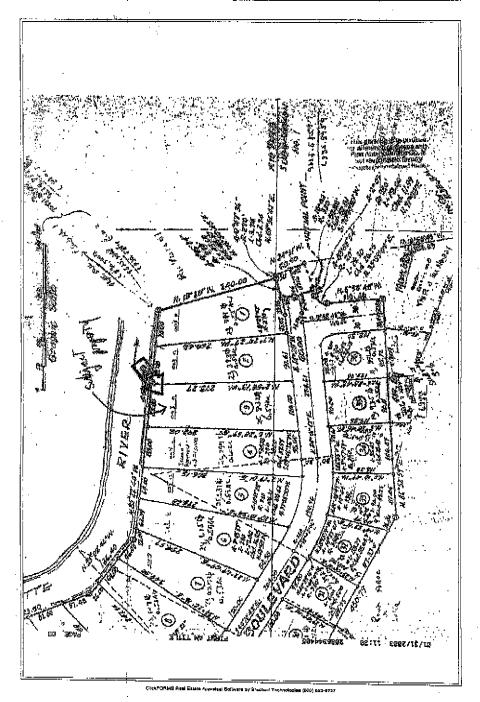


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File Nb. i0301006

| Surrower Weilah, Gent & Sandy | Property Address 417 Rto Mista | County Veilley | State | () | 3th Code53538 | Covered Address Address | Address



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File No. (0301008

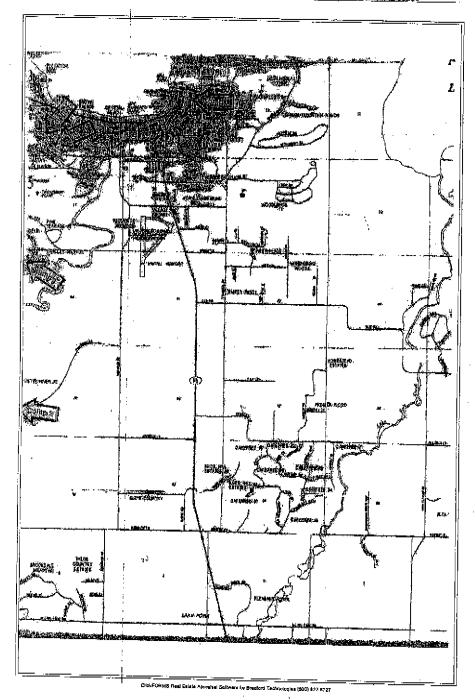
Borrower Wolsh, Gent & Sandy Property Address 417 Rlo Mista City McCall Count Lender/Client Accurate American Mortnages		• •		
City McCall Count	y Valley	State	[D	de83638
Leader/Client Accurate American Mortgago	<u> </u>	Address 8040 East Morgan	ı Trail#20. ScottsdaleAZ.	35258
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LOCA'	TION.	MAP	ADDE	NETHIM

File No. 0<u>301008</u>

Surrower Wolsh, Cant & Sandy
Properly Address 417 Rio Vista | Georgy Valley | Siste | ID | &to Code(3)(38 |
Londer/Client Accurate American Mortagage | Address 8040 Cast Mordan Trail#20, Scotladate., AZ 85258



Secretary Addresse: 417 Rio Visits

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Secretary Addresse: 417 Rio Visits

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Secretary Addresse: 417 Rio Visits

Addresse: E040 East Morgan Trail#20. Southadate. A7, 85258

PRONT OF SUBJECT PROPERTY

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447 Rio Visits

McCall

REAR OF
SUBJECT PROPERTY



RA SUBJECT PHOTO ADDENDU

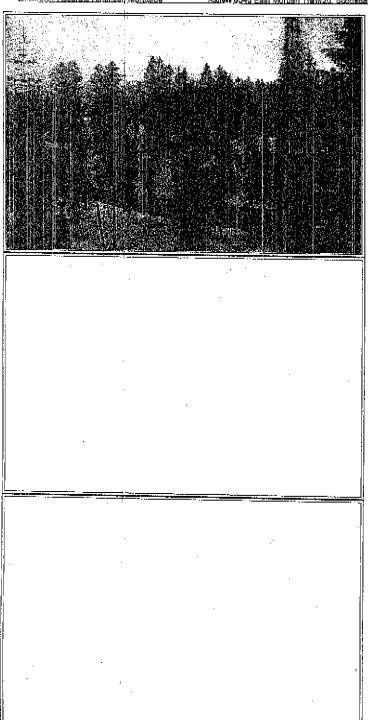
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Export Address 417 Rio Wista

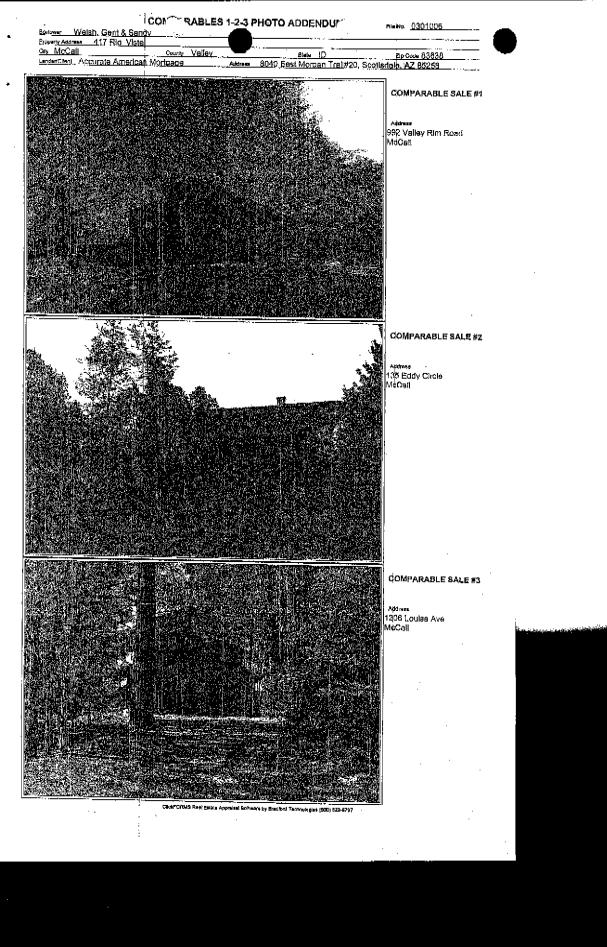
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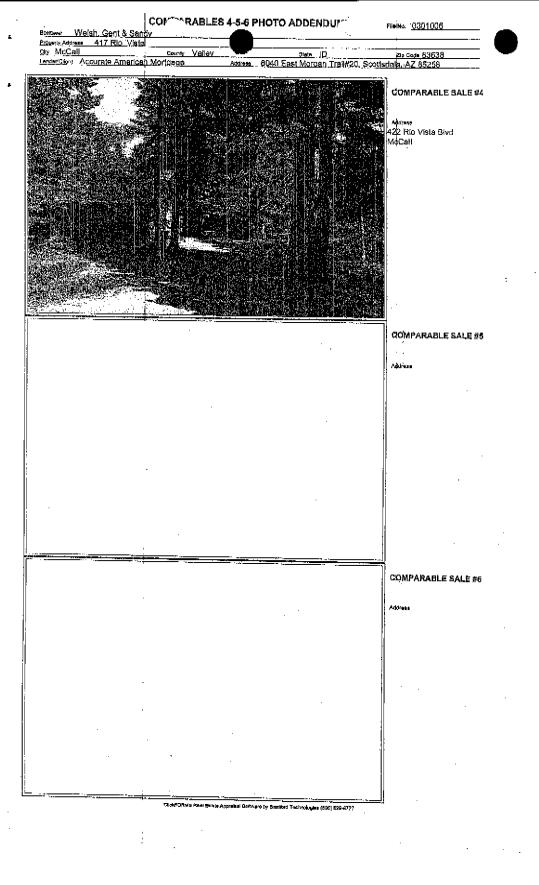
Lender/Signt Accurate American Mortgage

Address 8049 East Morgan Trail/(20, Scottadala, AZ, 95258)



River View





DEFINITION OF MARKET VALUE; The most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and soften, each ecting prudently, knowledgeably and assuming the price is not affected by undersective. In this definition is the consumeration of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby; (1) buyer and seller are typically notivisated; (2) both partial are well informed or well advised, and each acting in what he considers his own bost interest; (3) a reasonable time is allowed for exposure in the open market; (4) payment is unade in terms of each in U. S. dollars or in terms of financial arrangements comparable thereto; and (5) the price represents the normal conglaration for the property sold unaffected by special or creative financing or sales concessions* granted by anyone associated with the sale.

*Adjustments to the comparables must be made for special or creative financing or eales concessions. No adjustments are necessary for those costs which are normally paid by sellers as a result of tradition or law in a market; those costs are readily identifiable since the soller pays these costs in virtually all sales transactions. Special or creative financing adjustments can be made to the comparable property by comparisons to financing terms offered by a third party institutional lander that is not already involved in the property or transaction. Any adjustment should not be calculated on a mechanical dollar for dollar cost of the financing or concession but the dollar amount of any adjustment should approximate the market's rejection to the financing or concessions based on the appraiser's judgment.

STATEMENT OF LIMITING CONDITIONS AND APPRAISER'S CERTIFICATION

CONTINGENT AND LIMITING CONDITIONS: The appraisar's cartification that appears in the appraisal report is subject to the following conditions:

- The apprecisor will not be responsible for matters of a legal nature that affect either the property being apprecised on the title to it. The appraisar assumes that the title is good and marketable and, therefore, will not render any opinions about the title. The property is appraised on the basis of it being under responsible ownership.
- 2. The appreiser has provided a sketch in the appreisal report to show approximate dimensions of the improvements and the sketch is included only to assist the reader of the report in visualizing the property and understanding the appreiser's datarmination of its size.
- 3. The appraisar has examined the available flood maps that are provided by the Federal Emergency Managament Agency (or other data soucces) and has noted in the appraised report whatter the subject site is located in the Admitted Special Flood Hazard Area, Recause the appraiser is not a surveyor, he or she makes no guarantees, express or implied, regarding this determination.
- The appraisor will not give testimany or appear in court because he or she made an appraisal of the property in question, unless specific arrangements to do so have been made beforehend.
- 5. The appraisor has actificated the value of the land in the cost approach at its highest and best use and the improvements at their contributory value. These separate valuations of the fand and improvements must not be used in conjunction with any other appraisal and are invalid if they are so used.
- 6. The appraiser his noted in the appraisal report any adverse conditions (such as, nonded repairs, depreciation, the presence of hazardous wastes, toxic substances, etc.) observed during the inspection of the subject property or the the or she became sware of during the normal research involved in performing the appraisal. Unless otherwise stated in the appraisal report, the appraisal report, including the presence of hazardous wastes, toxic substances, etc.) that would make the property more or less valuable, and has assumed that there are no such conditions and makes no guerances or warranties, express or implied, regarding the condition of the property. The appraiser will not be responsible for any such conditions that the exist or for any including the field of environmental hazards, the appraisal report must not be considered as an anythoromental essessment of the property.
- 7. The appreiser obtained the information, estimates, and opinions that wore expressed in the appreisal/report from sources that he or site considers to be reliable and believes them to be true and corrnot. The appreiser does not assume responsibility for the accuracy of such items that were furnished by other parties.
- 8. The appraiser will not blackness the contents of the appraisal report except as provided for in the Uniform Standards of Professional Appraisal Propince.
- The appraiser has based his or her appraisal report and valuation conclusion for an appraisal that is subject to satisfactory
 completion, repairs, or alterations on the assumption that completion of the improvements will be performed in a
 workmanilke manner.
- 10. The appraiser must provide his or her prior written consent before the lander/client specified in the appraised report can distribute the appraised report (including conclusions about the property value, the appraiser's identity and professional designations, and references to any professional appraised or the firm with which the appraiser is associated) to anyone other than the borrower, the mortgage or its successors and assigns; the mortgage insurer, consultants; professional appraised organizations; any state or facturally appraised financial institution; or any department, agency, or instrumentality of the Lighter States or any state or the District of Columbia; except that the tender/client may distribute the property description significant or after a collection or reporting service(s) without having to obtain the appraisar's prior written consent. The appraisar's written consent and approximate about except that the dender/client the appraisar of the public through advertising, public relations, news, sales, or other media.

Freddie Mac Form 430 (B-83)

Click#GRMS Repl betata Appraisal Settware by Bradford Technologies (A00) 822-8727

Fennik Mae Form 1004B (0-93)

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APPRAISER'S CERTIFICATION:

The Appraisar continue and agrees that:

- 1. I have recognized the applied market area and have selected a minimum of three recent select of properties most similar and proximate to the publical property for consideration in the sales comparison analysis and have made a dollar adjustment when appropriate to reflect the market reaction to those items of significant variation, if a significant term in a comparable property is superior to, or more favorable than, the subject property, I have made a egiptic adjustment to reduce the adjusted sales price of the comparable and; if a significant item in a comparable property is inferior to, or less favorable than the subject property. I have made a positive adjustment to increase the adjusted sales price of the comparable.
- 2. I have taken into consideration the factors that have an impact on value in my development of the estimate of market value in the appraisal report. I have not knowingly withheld any significant information from the appraisal report and i helieve, to the best of my knowledge, that all statements and information in the appraisal report are true and correct.
- I stated in the appraisal report only my own paraonat, unbiased, and professional analysis, opinions, and conclusions,
 which are subject only to the confingent and limiting conditions specified in this form.
- 4. There no present or prospective interest in the property that is the subject to this report, and I fixed no present or prospective personal interest or bias with respect to the participants in the transaction. I did not base, either partially or completely, my analysis and/or the estimate of market value in the appreheal report on the race, dolor, religion, sex, handlesp, femilial status, or national origin of either the prospective owners or occupants of the subject property or of the present owners or occupants of the properties in the visibility of the subject property.
- 6. I have no present or contemplated future interest in the subject property, and neither my current or future employment nor my companisation for performing this appraisal is contingent on the appraisal value of the property.
- 6. I was not required to report a predetermined value or direction to value that fevers the cause of the citort or eny related party, the amount of the value estimate, the atteinment of a specific result, or the occurrence of a subsequent event in order to receive my compensation and/or employment for performing the appreciate. I did not base the appreciate on a requested minimum valuation, a specific valuation, or the need to approve a specific mortgage loan.
- 7. I performed this appraisal in conformity with the Uniform Standards of Professional Appraisal Practice that were adopted and promutgated by the Appraisal Standards Board of The Appraisal Foundation and that werd in piace as of the standards appraisal, with the exception of the departure provision of those Standards, which does not apply technometric that an estimate of a reasonable time for exposure in the open market to a condition in the definition of market value and the estimate I developed is consistent with the marketing time noted in the neighborhood section of this report, unless I have officerwise stated in the reconditation section.
- 8. I have personally inspected the interior and exterior areas of the subject property and the exterior of all properties listed as comparables in the appraisal report. I further certify that I have noted any apparent or known adverse conditions in the subject property of the subject property of which I am ewere and have made adjustments for these adverse conditions in my annitysts of the property value to the extent that I had merket evidence to support them. I have also commented about the effect of the adverse conditions on
- 9. I personally prepared all conclusions and opinions about the real estate that were set forth in the appraisal report. If I railed on algorificant professional assistance from any individual or individuals in the performance of the appraisal report. I have named such individuals and disclosed the specific tasks performed by them in the reconditation section of this appraisal report. I certify that any individual so named is qualified to perform the tasks, that any one authorized anyony to make a change to any item in the report; therefore, if an unauthorized phange is made to the appraisal report. I will take no responsibility for it.

SUPERVISORY APPRAISER'S CERTIFICATION: If a supervisory appraiser signed the appraising report, he or she certifies and agrees that: I directly supervise the appraiser who prepared the appraised report, have reviewed the appraisar report, agree with the statements and conclusions of the appraiser, agree to be bound by the appraiser's certifications numbered 4 inrough 7 above, and am taking full responsibility for the appraiser and the appraisal report.

ADDRESS OF PROPERTY APPRAISED:	417 Rio Vista, McCpll, ID 63636							
APPRAISER: Signature: Chrot Current	GUPERVISORY APPRAISER	(Only if required)						
Date Signed:	Name: Date Signed: State Certification #: or State License #: State:							
Expiration Date of Certification or License: B/30/03 Fixedle Nac Form 488 t-95 Caver ORNA Fast Search Appropriated Softs	Expiration Date of Conflication or Dist Did Not Inspect Project But Technologies (800) 522-8227							

			· · · · · · · · · · · · · · · · · · ·
In re	(SHORT TITLE)		Case Number:
	Gent Welsh and Sandra Welsh	Debtor.	(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filling of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a Joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated place an "X" in the column labeled "Unliquidated." and "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

	claim is disputed, place and "X" in the column labeled "Disputed." (You may need to place all X in more than one of the column labeled "Disputed."
юх	Report the total of claims listed on each sheet in the box labeled, "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.
/ }	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
ΓYF	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
]	Extensions of credit in an involuntary case: Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).
	Wages, salaries, and commissions: Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).
	Contributions to employee benefit plans: Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
,,,,,	Certain farmers and fishermen: Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).
[Deposits by individuals: Claims of individuals up to \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).
	Alimony, Maintenance, or Support*: Claims of a spouse, former spouse, or child of the debtor for allmony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).
[Taxes and certain other debts owed to governmental units: Taxes, customs duties, and penalties owing to federal, state, and local government units as set forth in 11 U.S.C. § 507(a)(8).
<u></u>	Commitments to maintain the capital of an insured depository institution: Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
* or	Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on after the date of adjustment.

continuation sheets attached_

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filling of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife Joint or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR		DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
LAST FOUR DIGITS OF ACCOUNT NO. 3495		Z ORT					30. 3 .	
First Nat. Bank of Omaha P.O. Box 2951 Omaha, NE 68103-2951		HUSBAND, WIFE, JOINT OR COMMUNEY	Business/personal Incurred: ongoing Debt as of 5-18-04				\$ 4816.78	
LAST FOUR DIGITS OF ACCOUNT NO. 1460			1112-11-11-11-11-11-11-11-11-11-11-11-11					
Bank One Cardmember Service P.O. Box 9001950 Louisville, KY 40290-1950			Business/personal Incurred: ongoing Debt as of 5-19-04			:t t	\$ 3397.22	
LAST FOUR DIGITS OF ACCOUNT NO. 1006								
American Express P.O. Box 360002 Ft. Lauderdale, FL 33336-0002			Business/personal Incurred: ongoing Debt as of 5-19-04	<u></u>	<u> </u>		\$ 18532.41	
LAST FOUR DIGITS OF ACCOUNT NO. 0898					<u> </u>			
U.S. Bank P.O. Box 790408 St. Louis, MO 63179-0408	portonia.		Business/personal Incurred: ongoing Debt as of 5-19-04		L		\$ 11658.51	
		<u> </u>	Su	btotal	<u> </u>	- -	\$ 38404.92	
5 continuation sheets attached				Total	>	elso	s	

In re

m 6F - Continued			2003 USBC, District of	- 10
(SHORT TITLE)		Çaşe Number:	"-"	
Gent Welsh and Sandra Welsh	Debtor.		(If Known)	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	OISPUTED	AMOUNT OF CLAIM
U.S. Bank P.O. Box 790409 St. Louis, MO 63179-0409			Business/personal Incurred: ongoing Debt as of 5-20-04			i : : : : : : : : : : : : : : : : : : :	\$ 22218.48
Advanta Bank Corp. P.O. Box 8088 Philadelphia, PA 19101-8088			Business/personal Incurred: ongoing Dobt as of 5-20-04	[ii		\$ 35462.43
U.S. Bank P.O. Box 790409 St. Louis, MO 63179-0409			Business/personal Incurred: ongoing Debt as of 5-10-04		Panns.		S 35730.86
U.S. Bank Cash Flow Manager P.O. Box 790179 St. Louis, MO 63179-0179	114144		Business/personal Incurred: ongoing Debt as of 5-11-04		()	16.04 116.11	\$ 71645.83
U.S. Bank P.O. Box 790409 St. Louis, MO 63179-0409			Business/personal Incurred: ongoiong Debt as of 5/24/04	<u>-</u>			\$ 24564.81
Sheet no1 of5_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	(1	Jse o	Sul (Total of this niy on last page of the completed Sched	Total	>	•	\$ 189622.41 \$

(Report total also on Summary of Schedules)

2003 USBC, District of Idaho

In re

(SHORT TITLE)

Case Number:

Debtor.

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, 80 STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMQUNT OF CLAIM	
LAST FOUR DIGITS OF ACCOUNT NO. 6889			1				-	
U.S. Bank P.O. Box 790409 St. Louis, MO 63179-0409			Business/personal Incurred: ongoing Debt as of 5-24-04				\$ 16779.74	
LAST FOUR DIGITS OF ACCOUNT NO.						PO		
Dorene Carsen 812 Saxon Trail Southlake, Texas 76092	.		Business/personal Incurred: ongoing Debt as of 5-15-04	ļi			\$ 55000.00	
LAST FOUR DIGITS OF ACCOUNT NO. 1038								
Sears Credit Cards P.O. Box 6564 The Lakes, NV 88901-6564			Business/personal Incurred: ongoing Debt as of 4-28-04		<u> </u>		\$ 14142.45	
LAST FOUR DIGITS OF ACCOUNT NO. 0794								
Pitney Bowes Bus. Loc. P.O. Box 856360 Louisville, KY 40285			Business/personal Incurred: ongoing Debt as of 5-3-04] 		\$9520.64	
LAST FOUR DIGITS OF ACCOUNT NO. 4591								
Bank of America P.O. Box 53132 Phoenix, AZ 85072-3132	hu ti 11		Business/personal Incurred: ongoing Debt as of 5-2-04			[]	\$ 8932.00	
	-	1	Şub	total	· >	-	\$ 104374.83	
Sheet no. 2 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	(I	Jse o	(Total of this page of the completed Schedu	Total	-	•	\$	

(Report total also on Summary of Schedules)

In re	(SHORT TITLE)	Case Number:
	Gent Welsh and Sandra Welsh Debtor.	(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

						_	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE JOHN OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Citi Cards P.O. Box 6404 The Lakes, NV 88901-6404			Business/personal Incurred: ongoing Debt as of 5-6-04	<u>-</u>		IL WATER	\$ 2380,54
Bank One Cardmember Service P.O. Box 9001950 Louisville, KY 40290-1950	p= +6% + 14		Business/personal Incurred: ongoing Debt as of 5-6-04		pozzos I / Vanna		\$6347.23
U.S. Bank P.O. Box 790408 St. Louis, MO 63179-0408			Business/personal Incurred: ongoing Debt as of 5-5-04				\$ 8669.12
U.S. Bank P.O. Box 790408 St. Louis, MO 63179-0408			Business/personal Incurred: ongoing Debt as of 5-5-04				\$ 4709.88
Wells Fargo Card Services P.O. Box 30086 Los Angeles, CA 90030-0086			Businesss/personal Incurred: ongoing Debt as of 5-5-04		.[]	[]	\$ 4184.56
Sheet no. 3 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	(Use o	(Total of this)	Total	>	-	\$ 26291.33

In re	(SHORT TITLE)		Case Number:
	Gent Welsh and Sandra Welsh	Debtor.	(if Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNITACHDATED	DISPUTED	AMOUNT OF CLAIM
U.S. Bank P.O. Box 790408 St. Louis, MO 63179-0408			Business/personal Incurred: ongoing Debt as of 5-10-04			Larnel	\$ 6473.44
Discover Platinum Card P.O. Box 30395 Salt Lake City, UT 84130-0395		:	Business/personal Incurred: ongoing Debt as of 5-4-04	en nase			S 9189.23
American Express P.O. Box 360002 Ft. Lauderdale, FL 33336-0002			Business/personal Incurred: ongoing Debt as of 5-12-04			<u>[</u>	\$ 15697.27
American Express P.O. Box 360002 Ft. Lauderdale PL 33336-0002	line and		Business/personal Incurred: ongoing Debt as of 5-11-04				\$ 5389.45
Chase VISA P.O. Box 52064 Phoenix, AZ 85072-2064			Business/personal Incurred: ongoing Debt as of 5-13-04			[\$ 6583.89
Sheet no. 4 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	(1	Use o	(Total of this p	Total	>	-	\$ 43333.28 \$ otal also on Summary of S

in re	(SHORT TITLE)	Case Number:
	Gent Welsh and Sandra Welsh Debtor.	(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HJSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
U.S. Bank P.O. Box 790409 St. Louis, MO 63179-0409)""" " " " " " " " " " " " " " " " " "		Business/personal Incurred: ongoing Debt as of 5-20-04		است	,,,,,	\$ 1907.00
Bank One Cardmember Service P.O. Box 9001950 Louisville, KY 40290-1950			Business/personal Incurred: ongoing Debt as of 5-14-04				\$ 3228.45
MBNA America P.O. Box 15288 Wilmington DE 19886-5288	panar n		Business/personal Incurred: ongoing Debt as of 5-12-04			<u> </u>	\$ 33645.95
Fleet Credit Card Service P.O. Box 15368 Wilmington, DE 19886-5368]	Business/personal Incurred: ongoing Debt as of 5-3-04				\$ 20756.96
Wells Fargo Card Services P.O. Box 30086 Los Angeles, CA 90030-0086			Business/personal Incurred: ongoing Debt as of 5-10-04				\$ 6807.02
Sheet no. 5 of 5 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims (Use only on last page of the completed Schedule F) \$ 468372.15							

(Report total also on Summary of Schedules)

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In re	(SHORT TITLE)		Case Number:	
	Gent Welsh and Sandra Welsh	Debtor.	(If Kno	own)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's Interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT

Tames.	ÁΠ

Check this box if debtor has no codebtors.

	4 1 (2 may #24)	District	. # T J . L .
211113	11. M.C	DISTRICT	ar lasna

in re	(SHORT TITLE)		Case Number:
	Gent Welsh and Sandra Welsh		(H Known)
		Dahtas	
		Debtor.	

SCHEDULE H - CODEBTORS

Provide the Information required concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the non-debtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

E.	 -

7003	HERC	District	пf	Idaba

łn re	(SHORT TITLE)		Case Number:	
	Gent Welsh and Sandra Welsh	Debtor.	(if Know	n)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by Joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a Joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital	DEPENDENT'S OF		
Status: Married	RELATIONSHIP OF DEPENDENTS	AGE	
	EMPL	OYMENT:	
	DEBTOR	spous	3E
Occupation	Retail Salcs	Retail Sales	
Name of Employer	Self	Self	
How Long Employed	31 years	31 years	
Address of Employer			
Income: (Estimate of ave	rage monthly income)	DEBTOR	SPOUSE
Current monthly gross w (pro rate if not paid	ages, salary, and commissions monthly.)	\$	\$
Estimated monthly overt	ime	\$	\$
SUBTOTAL Less Payroll Deductions a. Payroll taxes at	nd social security	\$. \$	\$
b. Insurance	·	\$	\$
c. Union dues		\$	\$
d. Other (specify)		\$	\$
SUBTOTAL OF PAY	ROLL DEDUCTIONS	\$.	\$
TOTAL NET MONTHLY T	AKE HOME PAY	\$	\$
Regular Income from ope statement)	eration of business or profession or farm (attach detailed	§ 1,000.00 est.	\$,1,000.00 est.
Income from real propert	у	exact amt unkn	own exact amt
Interest from real proper	ty	\$	\$
Interest and dividends		\$	\$ _
Alimony, maintenance of the debtor's use or that of	r support payments payable to the debtor for of dependents listed above.	\$	\$
Social security or other (\$	\$
Pension or retirement Inc	come	\$	\$
Other monthly income		\$	\$
(Specify)		\$	<u> </u>
TOTAL MONTHLY INCO		\$,1,000.00	\$_1,000.00
TOTAL COMBINED MON	2,000.00 est exact amt.	(Report also on Sumr	nary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories

anticipated to occur within the year following the filling of this document.

in re	(SHORT TITLE)		Case Number:
	Gent Welsh and Sandra Welsh	Debtor.	(If Known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the de payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.	btor's family. Pro rate any
Check this box if a joint petition is filed and debtor's spouse maintains a separate housel schedule of expenditures labeled "Spouse."	nold. Complete a separate
Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,618.10
Are real estate taxes included? Yes XX No	
Is property insurance included Yes XX No	
Utilities Electricity and heating fuel	
Water and sewer	<u>\$ 290.00</u>
Telephone	s 50.00
Other	\$. 5 0.00
Home Maintenance (Repairs and Upkeep)	\$ 50-00
Food	\$ 200.00
Clothing	\$50.00
Laundry and dry cleaning	\$
Medical and dental expenses	\$150.0 0
Transportation (not including car payments)	\$ 200.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
Charitable contributions	\$
Insurance (not deducted from wages or included in home mortgage payments)	\$ _
Homeowner's or renter's	\$.
Life	\$. 100 . 00
Health Gent: 486.36 per month; Sandy: \$316.58 per month	\$. 800.00
Auto	\$. 50 . 00
Other	\$
Taxes (not deducted from wages or included in home mortgage payments)	\$ Unknown
(Specify)	\$ _
Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the	\$.
Auto	\$.
Other	\$.
Other	\$.
Alimony, maintenance, and support paid to others	\$,
Payments for support of additional dependents not living at your home	\$.
Regular expenses from operation of business, profession, or farm (attach detailed statement) Other	\$. \$.
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$,3,558.10
THE ABOVE EXPENSES ARE ESTIMATED: DEBTORS RESERVE THE RIGHT TO A	AMEND.
[FOR CHAPTER 12 AND 13 DEBTORS ONLY]	
Provide the information requested below, including whether plan payments are to be made bi-v	veekly, monthly.
annually, or at some other regular interval.	
A. Total projected monthly income	\$
B. Total projected monthly expenses	\$
C. Excess income (A minus B)	\$
	\$
D. Total amount to be paid into plan each(interval)	

in re





2003 USBC, District of Idaho

(SHORT TITLE) Gent Welsh and Sandra Welsh Çase Number:

Debtor.

(If Known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

i declare under nepalty of pe	riury that I have read the foregoing	summary and schedules, consisting of sheets, and that they are correct to
the best of my knowledge,		(Total shown on summary page plus 1)
June 2, 2	004	11 1
Date Date 27 2		SignatureDebtor
June 2, 2	:004	Signature Sandra Kan Wulch
Date		Signature Sandh Fay Wilch
		(Joint De ptor, ir any)
		[If Joint case, both spouses must sign
	CERTIFICATION AND SIGNATÚ	RE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
certify that I am a bankruj debtor with a copy of this		11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the
Printed or Typed Name of	Bankruptcy Petition Preparer	Social Security Number
_		
Address		
Name and Social Security	numbers of all other individuals wh	o prepared or assisted in preparing this document:
If more than one person p	repared this document, attach addit	onal signed sheets conforming to the appropriate Official Form for each person.
X	Petition Preparer	Date
A	Lbankruptcy petition preparer's falli Bankruptcy Procedure may result i	ure to comply with the provisions of title 11 and the Federal Rules of in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.
	DECLARATION UNDER PENALTY	OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP
I, the	[the president	or other officer or an authorized agent of the corporation or member or an authorized agent
of the partnership) of the	[cor	poration or partnership] named as debtor in this case, declare under penalty of perjury that
I have read the foregoing su and belief.	mmary and schedules, consisting of	sheets, and that they are true and correct to the best of my knowledge, information,
Date		Signature
		[Print or type name of individual signing on behalf of debtor]
(An Individual signing on	behalf of a partnership or corporation	on must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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In Re: Gent Welsh/Sandra Welsh	·	

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

Definitions

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the **six years** immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 per cent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 per cent or more of the voting or equity securities of a corporation and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor.

11 U.S.C. § 101.

۱.	Income from	om emplo	yment or o	peration (of business

None 🗍

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE (If more than one)

1/1/04 - 5/04

See attached addendum

2003

See attached tax returns

2002

See attached tax returns

SOMEBULE I INCOME AND EXPENSE SUMMARY 2004 WOODS CONTANY OF WINDS

Initials Late
Propored By

Approvide By

NES CONPANY Les SORRES AND OUTE

	JAN	FÆB	MAR	APE	may	
INCOME	· · · · · · · · · · · · · · · · · · ·					
NET SALES INCOME	1705498	1260374	1300204	1493044	10624.62	
VORPAC COMMISSIONS			26 28		89/38	
DISH COMMISSIONS	303150	626850	408350	345200	2167.00	1.
BANK INTEREST	<i>e</i> 8	29	16	33	<u> </u>	1
SUB TOTAL	2008656	J439255	1016199	1858322		
TYTRAORDINARY INCOME	i					
998 NAVIGATOR SALE				1850000		
I. W. MUTUAL INS. PADEELS	5			283150		
TECENING			<u> </u>	24325	, 	
STALE PARTS SALES				1000 00	100000	<u> </u>
TOTAL	2008656	2439265	1216199	4115802		li
ix <i>pens</i> es					1	
STOCK PURCHASES	11786 30	1912648	14807 43	9670 33	.115च ८. ४८	
25 FUNAS			65500			:
NSTALLS	1150 00	112500	102500	650 00	450,00	
SUPPLIES	146 68	60 95	3970	3975	39,70	
ADVECT - GISPLAY	143 22	دوبرر	39 99	38 99	39.99	
PROPANE	377 13	20774	16408	14971		
STORE LEASE	1450 00	146000	145000	145000		 ·
POSTAGE			11100			
ACCOUNTING				52500		
TELEPHONE	28329	22862	32926	305 36	545.46	
P.U. INSURANCE		41100				
-IAVICATOR INSPR.		29900				
BANK FEES	10936	13294	31301	وي به صف	115 40	
REPAIR	356 45	5457	174 37	92.52	307.72	
STORAGE	566 51	589 19	609 44	55509	287.28	
SHAN REMOVAL	1300	10000	20400			
Crevnon	SA9.25	31615	15178	52003	370 89	
PowZR	110 98	11807	19108	99 93	190,40	i
FREICHT - OUT				1190		
FREIGHT - IN	18600	335 14	33300	2003	245.48	
DOMP FEES-GARBACE	24500	3,3 01			33,01	
BUSINESS INSURANCE	114 10	11410	11410	108.04	102,80	-
WATER	4845	68 4 5	48 45	68 45	68,45	
CEBLIT LINE PAYMENTS	1363682	1100997	817627	539840	806168	
•						
		: :				1

Form **2688**

Application for Additional Extension of Time to File U.S. Individual Income Tax Return

OMB No. 1545-0066

► See instructions.

Department of Internal Revent		➤ You must complete all items that apply to you.	
Please type	Your fire	t name MI Lagil name	Your social security number
or print.		WELSH	34-110. 4326
File by the due date for filing	If a joint	return, spouse's first name MI Last name	Spouse's social security number
your return.		RA WELSH	7968
Home address	(number and stre	et>	
310 MCB	BRIDE	,	
City, town or po	NATIONAL PROPERTY.	State ZIP Co	ode man the state of the state
MC CALL	., ID 836	58	
		Please fill in the Return Label at the bottom of this page.	#1 =1111
	iest an evten		10A, Form 1040, Form 1040NR-EZ, or
-		he calendar year 2002, or other tax year ending	101 () 1 01111 / 2 / 4 / 1 01111 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2
		eed an extension. You must give an adequate explanation	.
		TIME IS REQUESTED IN ORDER TO COMPLETE THE COMPILI	TING OF THE WOODDITING
<u> 'KĒĞ</u>	ORDS SO	THAT A COMPLETE AND ACCURATE RETURN CAN BE FILED.	. =
			, .
3 Have	you filed For	m 4868 to request an automatic extension of time to file for this tax year?	X Yes No
If you	checked 'No	,' we will grant your extension only for undue hardship. Fully explain the hardsh	hip in item 2. Attach any information you
have	that helps ex	plain the hardship.	
If you expe	ct to file a gi	it or generation-skipping transfer (GST) tax return, complete line 4.	
		ise plan to file a gift or GST tax return (Form 709 or 709-A) for 2002, generally	Yourself
due b	y April 15, 20	103, see the instructions and check here	Spouse ,
		Cianatura and Varification	
		Signature and Verification	
Under pena	alties of perju	ry, I declare that I have examined this form, including accompanying schedules is true, correct, and complete; and, if prepared by someone other than the tax;	s and statements, and to the best of my
this form.	and bener, it	is tide, correct, and complete, and, it prepared by someone other than the tax	payer, that I am admonace to proper
	> -		Date ►
Signature of ta:	xpayer		
	-		es a Mari
Signature of sp	ouse	(if filing jointly, both must sign even if only one had income)	Date
Signature of pr	eoarer .	(If filling Johns, Book files, Sight even it dring one rise income)	_
other than taxp	ayer		Date P
Please fill i	n the Return	Label below with your mame, address, and social security number. The IRS will ant it sent to another address or to an agent acting for you, enter the other add	I complete the Notice to Applicant and
return it to	you, II you w	ant it sent to another address of to all agent acting for you, enter the other add	•
	. —		(Do not detach)
	We	have approved your application.	
	We	have not approved your application.	
		wever, we have granted a 10-day grace period to	. This grace period is
Notice to	'	isidered a valid extension of time for elections otherwise required to be made o	on a timely return.
Applicant		have not approved your application. After considering the information you pro-	
		ir request for an extension of time to file. We are not granting a 10-day grace p	
To Be Completed		cannot consider your application because it was filed after the due date of you	
by the IRS	\$ L *V*	cannot consider your application because it was med after the due date or you	ic recurs.
	Ott	ner	
		··· = = = = = = = = = = = = = = = = = =	
		Director	Oale
	T		Taxpayer's social security number
	' -	e (and agent's name, if applicable). If a joint return, also give spouse's name.	Kasasa - akhayer a assar, assariy mamaa
	GENT WE		177 (178 (178 (178 (178 (178 (178 (178 (
Return	SANDRA 1	JELSH	(120%) (2007)
Label		RICHINS, P.C.	5-32-4 - 4326
(Please	Number and str	ot (include suite, room, or aptino.) or P.O. box number	\$\$\$50%\$\$ Spouse's social security number
type or	1	4TH AVENUE, SUITE 1	7968
type or	12880 SW	AID DADROD, DOTID I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
print)	City, town or po		Agents:

Form **4868**

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

2002

Internal Revenue Service (99) For calendar year 2002, or other tax year beginning	, 2002, ending	
Part Identification	Partill Individual Income Tax	
1 Your name(s) (see instructions) GENT WELSH SANDRA WELSH HYTREK & RICHINS, P.C.	4 Estimate of total tax liability for 2002	0. 0.
Address (see instructions) 2880 SW 4TH AVENUE, SUITE 1 City, town or post office State ZIP code	Part V Gift/GST Tax — If you are not filing a gift or tax return, go to Part V now. See the instruction	GST
ONTARIO, OR 97914 2 Your social security number 3 Spouse's social security number 7968	7 Your gift or GST tax payment \$ 8 Your spouse's gift/GST tax payment	
Part II Complete ONLY If Filing Gift/GST Tax Return Caution: Only for gift/GST tax extension! Checking box(es) may result in correspondence if Farm 709 or 709-A is not filed.	Part V Total 9 Total liability. Add lines 6, 7, and 8 \$ 10 Amount you are paying	0.
This form also extends the time for filing a gift or generation-skipping transfer (GST) tax return if you file a calendar (not fiscal) year income tax return. Enter your gift or GST tax payment(s) in Part IV and: Check this box If you are requesting a Gift or GST tax return extension. If your spouse is requesting a Gift or GST tax return extension.	Confirmation Number If you file electronically, you will receive a confirmation num telling you that your Form 4858 has been accepted. Enter the confirmation number here and keep it for your records	he
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate inst	tructions. Form 4868 (2	2002
·		

▲ Detach Here ▲

MAIL FORM 4868 TO:

INTERNAL REVENUE SERVICE FRESNO, CA 93888

1040	Department of the Treasury — Internal Revenue Service	2002		
Form 1040	U.S. Individual Income Tax Ret		(99) IRS use only —	Do not write or staple in this space.
	for the year Jan 1 - Dec 31, 2002, or other tax year beginning	, 2002, ending	, 20	OMB No. 1545-0074
Label	Your first name MI Last r	вты		Your social security number
(See instructions.)	GENT WELSH			4326
Use the	fla joint return, spouse's first name Mi Lastir	name		Spouse's social security number
IRS label.	SANDRA WELSH			9 7968
Otherwise, please print	tome address (number and street). If you have a P.O.box, sec ins	truckans.	Apartment no.	🛕 Important! 🛕
or type.	310 MCBRIDE			You must enter your social
	City, town or post office. If you have a foreign address, see instruct	lions, Stati	e ZIP code	security number(s) above.
Presidential	MC CALL, ID 83658			
Election L Campaign	Note: Checking 'Yes' will not change your tax	or reduce your refund.	Yo	
(See instructions.)	Do you, or your spouse if filing a joint return, v	vant \$3 to go to this fund?		X No Yes X No
	1 Single	4 ∐ Head o	of household (with qua tions.) If the qualifying	alifying person). (See
Filing Status	2 X Married filing jointly (even if only one had income	⁷ but not	t your dependent, ent-	er this child's
	3 Married filing separately. Enter spouse's SSN about	ve & full name	here =	
Check only one box.	name here 🟲		ying widow(er) with de	
Offe Box.		spouse	e died 🟲). (See instructions.)
	6a X Yourself. If your parent (or someone e	lse) can claim you as a de	pendent on his or	No. of boxes checked on
Exemptions	her tax return, do not check box 6a			Ea and 6b ∠
	b X Spouse			No. of children
	c Dependents:	(2) Dependent's (3) social security re		if on 6c who:
	•	number	to you child f	or child with you
	(1) First name Last name		(see	instrs) = did not
		110		live with you due to divorce
				or separation (see instre)
If more than five dependents,				Dependents on 6c not
see instructions.				entered above
				Add numbers on lines
	d Total number of exemptions claimed			, above 4
	7 Wages, salaries, tips, etc. Attach Form(s)			
Income	8a Taxable interest, Attach Schedule B if requ	iredانجوان	. , ,	8a 14.
Attach Forms W-2 and W-2G	 b Tax-exempt interest. Do not include on lin 9 Ordinary dividends. Attach Schedule B if re 	e 8a., <u> ou </u>	_	
here. Also attach	10 Taxable refunds, credits, or offsets of state and local i	nonme taxes (see instructions)		
Form(s) 1099-R if tax was withheld	11 Alimony received	MODING MACO (AGE INCO CONTINUE)		11
	12 Business income or (loss), Atlach Schedul	e C or C-EZ		12 -2,352.
If you did not	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ch	(here	, ► 🗍	13 -1,176.
get a W-2, see instructions.	14 Other gains or (losses). Attach Form 4797.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14
	15 a IRA distributions		amount (see instrs) .	15 b
	16a Pensions and annuities 16a		amount (see instrs).	16b
	17 Rental real estate, royalties, partnerships,	S corporations, trusts, etc	. Attach Schedule E.	17
Enclose, but do	18 Farm income or (loss). Attach Schedule F.			18
not attach, any payment. Also,	19 Unemployment compensation	b Taxable	amount (see instrs)	20 Ы
please use Form 1040-V.		D Taxavie	ambani (acc mono).	21
FORM 1040.V.	21 Other income 22 Add the amounts in the far right column for lin	nes 7 through 21. This is you	r total income	22 -3,514.
	23 Educator expenses (see instructions)			287/40 169 25 28 2
Adjusted	24 IRA deduction (see instructions)			Transition of the state of the
Gross	25 Student loan interest deduction (see instru			Section 1
Income	26 Tuition and fees deduction (see instruction	15)		10 (10 cm) 11 (10 cm)
	27 Archer MSA deduction. Attach Form 8853.			(Aliana) Canaga Canaga
	28 Moving expenses. Attach Form 3903	28	. <u>.</u>	2
	29 One-half of self-employment tax. Attach S	chedule SE 29		- 1000000 - 1000000
	30 Self-employed health insurance deduction	(see instructions). 30	<u> </u>	
	31 Self-employed SEP, SIMPLE, and qualified			
	32 Penalty on early withdrawal of savings 33 a Alimony paid b Recipient's SSN	· · · · · · · · · · · · · · · · · · ·	_	
	34 Add lines 23 through 33a			340.
	Set that make the manager against the first transfer of the	15 1 1	L	25 -3 514

Form 1 040 (2002)	GENT AND SALLRA WELSH			5		52-4326 Page 2
Tax and	36 Amount from line 35 (adjusted gross income)			<u></u>	36	-3,514.
Credits	37a Check if: You were 65/older, Blind;	Spouse w	as 65/older,	Blind.	1.00	
	Add the number of boxes checked above and enter	the total h	cre	► 37a	no (g) Ag Disa	
Standard	b If you are married filing separately and your spouse	itomizes d	deductions.		200	
Deduction	or you were a dual-status alien, see instructions an	d check he	re	► 37b	35504545	
for -	38 Itemized deductions (from Schedule A) or your standard deduc		38	24,857.		
 People who checked any box 	39 Subtract line 38 from line 36	•			39	-28,371.
on line 37a or					$\dots \subseteq_{2^{n-1}}^{n-1} A_{n} \subseteq_{\mathbb{R}^{n}}$	
376 or who can	40 If tine 36 is \$103,000 or less, multiply \$3,000 by the on line 6d. If line 36 is over \$103,000, see the work	eboot in th	per of exemptions	s ciaimed	40	6,000.
be claimed as a	41 Taxable income. Subtract line 40 from line 39.	(2) (66)	e manachona		····	
dependent, see	If line 40 is more than line 39, enter -0-				41	٥.
instructions.	42 Tax (see instrs). Check if any tax is from a Form(s) 8814 to	Form 49	172		42	0,
All others:					43	
Single,	43 Alternative minimum tax (see instructions). Attach					
\$4,700	44 Add lines 42 and 43				44	<u>0.</u>
Head of	45 Foreign tax credit. Attach Form 1116 if required		45			
household.	46 Credit for child and dependent care expenses. Attach Form 2441.	[46		CONTRACTOR OF THE PARTY OF THE	
\$6,900	47 Credit for the elderly or the disabled. Attach Schedi	r	47		23/29	
					1507.5	
Married filing	48 Education credits, Attach Form 8863		48		1900.40	
jointly or Qualifying	49 Retirement savings contributions credit. Attach Form	ო 8880 [49		(3)/03	
widow(er).	50 Child tax credit (see instructions)	,	50		0000000	
\$7,850	51 Adoption credit. Attach Form 8839		51		27.56	
NATURAL ESTABLIS	52 Credits from: a Form 8398 b Form 8859		52	•	1232	
Married filing separately,					3000	
\$3,925	53 Other credits. Check applicable box(es): a Form	n 3000	20 TANAS (1)		100 200 1000 (200 1000 (200 1000 (200	
L-4ula	b Form c Specify		53		1 1	
	54 Add lines 45 through 53. These are your total credits				54	_
	55 Subtract line 54 from line 44. If line 54 is more than	n line 44, e	nter -0		55	0.
	56 Self-employment tax. Attach Schedule SE				56	
Other	57 Social security and Medicare tax on tip income not reported to em				57	
Taxes	58 Tax on qualified plans, including IRAs, and other tax-favored acco				58	
1 axc2		n(=) \W-2	om occom radamor		59	#/#W
		11(3) ***-2			60	
					67	0.
	61 Add lines 55-60. This is your total tax				01	<u> </u>
Payments	62 Federal income tax withheld from Forms W-2 and 1		_62		l I	
If you have a	63 2002 estimated tax payments and amount applied from 2001 return	n.,,[63			
gualifying	64 Earned income credit (EIC)		64			
child, attach	65 Excess social security and tier 1 RRTA tax withheld (see instruction		65			
Schedule EIC.	66 Additional child tax credit. Attach Form 8812		66			
		Г	67		1 1	
	67 Amount paid with request for extension to file (see instructions).				1 1	
	68 Other pmts from; a Form 2439 b Form 4136 c] Form 8885 [68		1 1	
	69 Add lines 62 through 68. These are your total payments			<u></u>	69	0.
	70 If line 69 is more than line 61, subtract line 61 from line 69. This	is the amount	you overpaid		70	ı
Refund	71a Amount of line 70 you want refunded to you				71 a	-
Direct deposit?				Savings	14	
See instructions	► b Routing number ► c	:Type: 🗐	") Checking [1000	
and fill in 71b, 71c, and 71d.	► d Account number		 ,		40.30	
710, and 710.	72 Amount of line 70 you want applied to your 2003 estimated tax.		72		(C) 20038	
Amount	73 Amount you owe. Subtract line 69 from line 61. For details on ho		instructions	F	73	0.
You Owe	· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	74			
100 0110	74 Estimated tax penalty (see instructions)		the second second			
Third Party	Do you want to allow another person to discuss this return (see instructions)?	m willi lile	زا الاحاد	ÖlYes, Com	mlete	the following. No
Designee	37.7.1	Phone		_ ,	Personal	Lidentification
· p ·	name FERDEARLR	no.	>		numbér	
Sign	Under penalties of perjury, I declare that I have examined this return and ac belief, they are true, correct, and complete. Declaration of preparer (other th	companying so	hedules and statements based on all informations.	s, and to the bo	st of my spacer ba	/ knowledge and as any knowledge.
Here				ion or milen pro		lime phone number
Joint return?	Your signature Pat	le	Your occupation		Loay	ime priorie familiae
See instructions.			BANK REP			
Кеер а сору	Spouse's signature, If a join well in, bottle lust if n. Dat	te	Spause's occupation		1,000	
for your records.		ļ	SEARS STOR	Ξ	7/1882/	
100, 1000100.		Date				parer's SSN or PTIN
	Preparer's LONDING TOWNDER					5346
Paid	signature LUNNY L. HITKER	1.	Check if self-o	mpioyed	T	
Preparer's	Firm's name HYTREK & RICHINS, P.C.					0.40005.4
Use Only	(or yours if self-employed) 2880 SW 4TH AVENUE, SUITE 1			EIN		-04 <u>02754</u>
··· <i>j</i>	address, and ONTARIO, OR 97914			Phone no	(5	41) 889-5318
	the second section of the second					Form 1040 (2002)

SCHEDULE A (Form 1040)

Itemized Deductions

QM8 No. 1545-0074

2002

 Attach to Form 1040. - See Instructions for Schedule A (Form 1040).

Department of the Treasury Internal Revenue Service Your social security number Name(s) shown on Form 1040 GENT AND SANDRA WELSH Caution. Do not include expenses reimbursed or paid by others. Medical 16,805 1 and Medical and dental expenses (see instructions).... Dental Enter amount from Form 1040, line 36. 2 Expenses 3 16,805. Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 State and local income taxes 5 Taxes You 6 1,542 Paid. 7 Personal property taxes (See 8 Other taxes. List type and amount > 70 instructions.) 8 1,542. Add lines 5 through 8..... 9 Home rntg interest and points reported to you on Form 1098..... 10 6.482 Interest You Paid Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ► (See instructions.) 11 Note. 28 Personal 12 12 Points not reported to you on Form 1098. See instrs for spol rules interest is 13 Investment interest. Attach Form 4952 if required. not 13 deductible. 6,510. 14 Add lines 10 through 13. er de la companya de la co Gifts to Gifts by cash or check. If you made any gift of \$250 or more, 15 Charity see instructions..... If you made Other than by cash or check. If any gift of \$250 or a gift and more, see instructions. You must attach Form 8283 if got a benefit 16 over \$500 $n\mathcal{F}_{R,n}$ for it, see 17 Carryover from prior year..... instrúctions. 0. 18 Add lines 15 through 17...... Casualty and 0. 19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) Theft Losses 19 Job Expenses Unreimbursed employee expenses — job travel, union dues, and Most job education, etc. You must attach Form 2106 or 2106-EZ Other if required. (See instructions.) Miscellaneous **Deductions** 20 21 22 Other expenses — investment, safe deposit box, etc. List (See instructions type and amount 🕒 for expenses 22 to deduct 23 23 Add lines 20 through 22 herd.) Enter amount from Form 1040, line 36. 24 Multiply line 24 by 2% (.02)..... 0. Subtract line 25 from line 23. If line 25 is more than line 23, enter 05...... 26 460 Other -- from list in the instructions. List type and amount --Other Miscellaneous Deductions 27 Is Form 1040, line 36, over \$137,300 (over \$68,650 if MFS)? Total Itemized Deductions Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38. 24,857 28

Yes. Your deduction may be limited. See instructions for the amount to enter.

SCHEDULE C (Form 1040)

Profit or Loss from Busines

(Sole Proprietorship)

OMB No. 1545-0074

► Partnerships, joint ventures, etc. must file Form 1065 or Form 1065-B. ► Attach to Form 1040 or 1041. ► See instructions for Schedule C (Form 1040) Department of the Treasury Internal Revenue Service (99)Social security number (SSN) Name of proprietor 4326 GENT WELSH Enter code from instructions A Principal business or profession, including product or service (see instructions) 452000 APPLIANCE SALES Employer ID number (EIN), if any Business name, If no separate business name, leave blank. SANDY'S APPLIANCES Business address (including suite or room no.) City, town or post office, state, and ZIP code Other (specify) 🟲 Cash (2) Accounting method: (1)Did you 'materially participate' in the operation of this business during 2002? If 'No,' see instructions for limit on losses. No If you started or acquired this business during 2002, check here Income |Part | Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 1 309,048. Statutory employee' box on that form was checked, see the instructions and check here... 2 189. Returns and allowances..... 308,8<u>59</u>. 3 Subtract line 2 from fine 1...... 233,300. 4 Cost of goods sold (from line 42 on page 2)...... 75,559. Gross profit. Subtract line 4 from line 3...... Other income, including Federal and state gasoline or fuel tax credit or refund. . 6 7 75,559. Gross income. Add lines 5 and 6. Expenses. Enter expenses for business use of your home only on line 30. |Part || | 19 8 19 Pension and profit-sharing plans...... Advertising..... de San 20 Rent or lease (see instructions): Bad debts from sales or 5,477. a Vehicles, machinery, and equipment . . . 20 a 9 services (see instructions). 17,400. 20 b **b** Other business property Car and truck expenses 656. 3,898. 21 10 21 Repairs and maintenance...... (see instructions)..... 726. 22 11 22 Supplies (not included in Part III)...... Commissions and fees... 23 291. 12 23 Taxes and licenses....... 12 Depletion..... 24 Travel, meals, and entertainment: 4.67.70 Depreciation and section 179 expense deduction 24 a a Travel..... (not included in Part III) (see instructions).... 13 b Meals and entertainment... Employee benefit programs (other than on line 19) 14 c Enter nondeductible 2,048. 15 Insurance (other than health)... amount included on 16 Interest: line 24b (see instrs). 24 d 7,023 d Subtract line 24c from line 24b...... 16 a a Mortgage (paid to banks, etc). . . 3,542. 7,952 25 16b Utilities.... 26 Wages (less employment credits) . . . 17 17 Legal & professional services. 27 16,289. 290 27 Other expenses (from line 48 on page 2) 18 18 Office expense 66,166. 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns . 9.393. Tentative profit (loss). Subtract line 28 from line 7..... 30 Expenses for business use of your home. Attach Form 8829..... 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory 9,393. employees, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). All investment is If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. 32 a at risk. Some investment is not at risk. If you checked 32b, you must attach Form 6198.

Schedule C (Form 1040) 2002 GENT WHASH		4326 Page 2
Part III Cost of Goods Sold (see instructions) 33 Method(s) used to value closing inventory a Cost b Lower of cost or market c Other	er (attach expla	nation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing in If 'Yes,' attach explanation	nventory?	Yes No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation		10,000.
36 Purchases less cost of items withdrawn for personal use		235,752.
37 Cost of labor. Do not include any amounts paid to yourself	37	* -
38 Materials and supplies	38	
39 Other costs	39	5,548.
40 Add lines 35 through 39	40	251,300.
41 Inventory at end of year	41	18,000.
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	233,300.
Information on Your Vehicle. Complete this part only if you are claiming car or truck required to file Form 4562 for this business. See the instructions for line 13 to find out if you	expenses on li	·
 43 When did you place your vehicle in service for business purposes? (month, day, year) 44 Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used a Business b Commuting c Other 	your vehicle fo	r:
45 Do you (or your spouse) have another vehicle available for personal use?		Yes No
46 Was your vehicle available for personal use during off-duty hours?		
47 a Do you have evidence to support your deduction?		Yes No
b If "Yes," is the evidence written?		Yes No
art Ve Other Expenses. List below business expenses not included on lines 8 – 26 or line 30.		
ACCOUNTING	<u></u>	472.
BANK CHARGES		2,023.
DUES AND SUBSCRIPTIONS		10.
GARABAGE		140.
INSTALLATIONS		3,654.
SNOW REMOVAL		418.
STORAGE	<u> </u>	5,708.
TELÉPHONE	- -	3,864.
48 Total other expenses. Enter here and on page 1, line 27	48	16,289.
To jour other expenses that here one or page 1, the transfer of the transfer o		e C (Form 1040) 2002

SCHEDULE C

Opportment of the Treasury Internal Revenue Service

(99)

(Form 1040)

Profit or Loss from Busine

(Sole Proprietorship)

► Partnerships, joint ventures, etc, must file Form 1065 or Form 1065-B. ► Attach to Form 1040 or 1041. ► See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2002

09

Social security number (SSN) Name of proprietor **24 3**26 GENT WELSH R Enter code from instructions A Principal business or profession, including product or service (see instructions) 999999 PHONE CARDS SALES Employer ID number (EIN), if any C Business name, If no separate business name, leave blank. TELEKING Business address (including suite or room no.) **
City, town or post office, state, and ZIP code X Cash Accounting method: (2) Accrua! (3) Other (specify) > (1) Did you 'materially participate' in the operation of this business during 2002? If 'No,' see instructions for limit on losses. Yes No If you started or acquired this business during 2002, check here . н Part I income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 361. 1 'Statutory employee' box on that form was checked, see the instructions and check here... 2 361 3 3 Subtract line 2 from line 1...... 271. 4 Cost of goods sold (from line 42 on page 2) 90. 5 Gross profit. Subtract line 4 from line 3...... 6 Other income, including Federal and state gasoline or fuel tax credit or refund...... 90. Gross income. Add lines 5 and 6. Expenses. Enter expenses for business use of your horne only on line 30 Part II 2,202. 19 19 Pension and profit-sharing plans...... 8 13 150 20 Rent or lease (see instructions): Bad debts from sales or a Vehicles, machinery, and equipment. 20 a 9 services (see instructions). 20 b **b** Other business property Car and truck expenses 10 21 (see instructions)..... 10 21 Repairs and maintenance...... 1,898. 22 Supplies (not included in Part III)...... 22 Commissions and fees... 11 23 12 Taxes and licenses..... 12 Depletion..... 24 Travet, meals, and entertainment: Depreciation and section 179 expense deduction 24 a a Travel..... (not included in Part III) 4,000. 13 (see instructions)... b Meals and entertainment.... Employee benefit programs (other than on line 19) 14 c Enter nondeductible 15 Insurance (other than health)... amount included on line 24b (see instrs). Interest: d Subtract line 24c from line 24b. . . . 24 d 16 a a Mortgage (paid to banks, etc). . . . 25 16b 3.095 **25** Utilities.............. 26 17 Legal & professional services. 17 Wages (less employment credits) 640 18 Other expenses (from line 48 on page 2) 27 Office expense 835. 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns. -11,745. Tentative profit (loss). Subtract line 28 from line 7..... 29 29 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory -11,745. employees, see instructions). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). All investment is If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 at risk. (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. If you checked 32b, you must attach Form 6198.

	edule C (Form 1040) 2002 GENT WELSH	<u></u>	Page 2
***	tilli Cost of Goods Sold (see instructions)		u
	Method(s) used to value closing inventory a Cost b Lower of cost or market c Other (attack		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory if 'Yes,' attach explanation	? .; □Y	es [No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	18,600.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	18,600.
41	Inventory at end of year	41	18,329.
	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		27 1 .
ar	Information on Your Vehicle. Complete this part only if you are claiming car or truck expens required to file Form 4562 for this business. See the instructions for line 13 to find out if you must fi	es on line 10 and le.	are not
ā	Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used your vehicle surings cOther Do you (or your spouse) have another vehicle available for personal use?		es 🔲 No
	Was your vehicle available for personal use during off-duty hours?		
	b If 'Yes,' is the evidence written?	Y	es No
ar	*** Other Expenses. List below business expenses not included on lines 8 – 26 or line 30.		
AM(ORTIZATION		640.
· — -			
	Total other expenses. Enter here and on page 1, line 27	48	640.
0	total entre extenses miles total and of bago 1, mo miles	Schedule C (Form	

SCHEDULE D

(Form 1040)

Capital Gains and Losses

2002

Z-4326

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040.

 See instructions for Schedule D (Form 1040). Use Schedule D-1 to list additional transactions for lines 1 and 8.

Name(s) shown on Form 1040 GENT AND SANDRA WELSH Your social security number

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(C) Date s (Mo, day,		Sales price e instructions)	(e) Cost or other basi (see instructions)	s (f) Gain or (loss) Subtract (e) from (d)	A mile
1							
		•					
O Fotos and also	to an talah ita				(Note of Color) of the color of		
2 Enter your short from Schedule D			2		And the second s		- 1
3 Total short-term Add lines 1 and	sales price amo 2 in column (d).	ounts.	3		And the second s		
4 Short-term gain 6781, and 8824.	from Form 6252	and short-	term gain d	r (loss) from	Forms 4684,	4	A STATE OF THE STA
5 Net short-term g from Schedule(s	ain or (loss) fror) K-1	n partnersh	ips, S corp	orations, est	ates, and trusts	5	
6 Short-term capit 2001 Capital Los	al loss carryover s Carryover Wor	. Enter the ksheet	amount, if	any, from lin	e S of your	6 -1,176	
7 Net short-term c	•					7 -1,176	
Part II							7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(C) Dale so (Mo, day,)	old (d) Sales price e instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instructions below)
8							
		•					
6 Catarian lasa t	torna katala if an				V2 (34)	*	
9 Enter your long-from Schedule D	-1, line 9	y,	9		Spirit of Charles Control of Control	Court, id Court you may be a while () when you have proposed in the same your hard to be a fine of the digital of the court of the same you hard to be a fine of the same your hard to be a fine of the same of the same your hard to be a fine of the same your har	
10 Total long-term : Add lines 8 and	sales price amo: 9 in column (d)	ınts.	10		And the second s		
13 Gain from Form long-term gain o	4797, Part I; Iong	g-term gain	from Form	ns 2439 and 6		,	

* 28% rate gain or loss includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

12

13

14

15

Next: Go to Part III on page 2.

12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.....

16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f).......

a	t III i laxable Gain or Deductible Loss		
7	Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 41.	17	-1,176.
	Next: • If both lines 16 and 17 are gains and Form 1040, line 41, is more than zero, complete Part IV below.		
	 Otherwise, skip the rest of Schedule D and complete Form 1040. 	15.200 VALUE	
8	If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)). Then complete Form 1040 through line 39	18	<u>-1,</u> 176.
	Next: • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, is less than zero, skip Part IV below and complete the Capital Loss Carryover Worksheet in the instructions before completion the rest of Form 1040.	100	

Part IV Tax Computation Using Maximum Capital Gains Rates

Otherwise, skip Part IV below and complete the rest of Form 1040.

	:			,	
19	Enter your unrecaptured Section 1250 gain, if any, fr	om line 17 of the worksheet	in the instructions	19	
	If line 15 or line 19 is more than zero, complete the venter on lines 22, 29, and 40 below, and skip all other	worksheet in the instruction or lines below. Otherwise, o	s to figure the amount to go to line 20.		80 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
20	Enter your taxable income from Form 1040, line 41		20		3.00
21	Enter the smaller of line 16 or fine 17 of Schedule D.	21			
22	If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0	22			
	Subtract line 22 from line 21. If zero or less, enter -0	· · · · · · · · · · · · · · · · · · ·	23	1100 AS	
24	Subtract line 23 from line 20. If zero or less, enter -0		24	3.00	
25	Figure the tax on the amount on line 24. Use the Tax	: Table or Tax Rate Scheduk	es, whichever applies	25	
26	Enter the smaller of:		7.000	A PERSONAL	,
	 The amount on line 20 or 	-		. 10 8	
	 \$46,700 if married filing jointly or qualifying widow 	w(er);		1956	
	\$27, 9 50 if single;		26	300 <u>0000000000000000000000000000000000</u>	
	\$37,450 if head of household; or			7. Z. 1945 2. z. 1945	
	\$23,350 if married filing separately		7.2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	If line 26 is greater than line 24, go to line 27. Otherw 33 and go to line 34.	vise, skip lines 27 through		-100 -100 -100 -100 -100 -100 -100 -100	
27	Enter the amount from line 24,		27	2000 (P) V N 384 8	
	Subtract line 27 from line 26. If zero or less, enter -0		28	20020016 20020016 2002001	
		_	in Latintien		
29	Enter your qualified 5-year gain, if any, from tine 8 of the worksheet in the instructions	29	20		
30	Enter the smaller of line 28 or line 29		30	. (V)	
	Multiply line 30 by 8% (.08)			31	
	Subtract line 30 from line 28				
33	Multiply line 32 by 10% (.10)		,	33	·
	If the amounts on lines 23 and 28 are the same, skip	lines 34 through 37 and go	to line 38.		
34	Enter the smaller of line 20 or line 23		34		
	Enter the amount from line 28 (if line 28 is blank, ent	•			
	Subtract line 35 from line 34			- (22.1)	
	Multiply line 36 by 20% (.20)			37	
	Add lines 25, 31, 33, and 37			38	
39	Figure the tax on the amount on line 20. Use the Tax	Table or Tax Rate Schedule	es, whichever applies	39	
40	Tax on all taxable income (including capital gains). 8 Form 1040, line 42.	Enter the smaller of line 38	or line 39 here and on	40	

BAA

Schedule **D** (Form 1040) 2002

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-01/2

2002

67

Name(s) shown on return

GENT AND SANDRA WELSH

dent	ifying	ПÚГ	πb	P	
			4	27	-
			4	32	Ď

	ess or activity to which this form relat							
	HEDULE C - SANDY'S							
Pa	Election To Ex	(pense Certain anv listed propert	Tangible Property y, complete Part V befo	/ Under Secti	on 1/9 • <i>Part I</i>			
1	Maximum amount. See ins						1	624 000
_	Total cost of section 179 p	_					<u> </u>	\$24,000
2	Threshold cost of section 1		•	•			$\overline{}$	\$200,000
٠,	Reduction in limitation. Su						-	\$200,000
4	Pollar limitation for tax yes						-	
5	separately, see instruction	s	nom ine t. ii zero or ii	ess, enter -0 H	married li	ung 	5	
6		Description of property		(b) Cast (busines		(C) Elected co:	 si	
	• • • • • • • • • • • • • • • • • • • •					1,		
	H + H = H + H + H + H + H + H + H + H +		1 17 7 11 11					
7	Listed property. Enter the	amount from line 3	29		7			
8	Total elected cost of section	n 179 property. A	dd amounts in column i	(c), lines 5 and 1	7		8	
9	Tentative deduction. Enter	the smaller of line	e 5 or line 8				9	
10	Carryover of disallowed de		-					
11	Business income limitation							
12	Section 179 expense dedu	•	12					
	Carryover of disallowed de							
	: Do not use Part II or Part							CV 2 X 10 4 X 11 4 X W 24
Pai	t II Special Depre	ciation Allowa	nce and Other Dep	reciation (Do	not includ	e listed property	v.)	
	Special depreciation allow							
	tax year (see instructions).						14	
15	Property subject to section		15					
	Other depreciation (includi						16	
Pa	tilligg MACRS Depre	ciation (Do not	include listed property.) (See instructio	ns)			
			Sectio					
	MACRS deductions for ass						17	
18	If you are electing under some or more general asset	ection 168(i)(4) to	group any assets place	d in service dur	ing the tax	year into		
			n Service During 2002				<u>Janes and</u> Suct	<u>(Sidan da mengangan kanangan kanangan da mengan kanangan da</u>
		(b) Month and	(C) Basis for depreciation	(d)	(e)	(f)	Jysu	(g) Depreciation
	(a) Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Convention		I	deduction
19.	З-year property	CALLES AND CONTRACTOR OF THE PROPERTY OF THE P	Only See that believely					
	5-year property	FERRICA CONTRACTOR SAFETY CO.						
	7-year property	28/00/04/24/20/04/04/04/04/04/04/04/04/04/04/04/0				•		
	10-year property	Contract Con	•		1			"
	: 15-year property	The Control of Calendary Contr						
	20-year property							
	25-year property			25 yrs		S/L		<u> </u>
	Residential rental	Street and are the second and are the		27.5 yrs	MM	S/L		
ı	property			27.5 yrs	MM	\$/L		
	Nonresidential real			39 yrs	MM	S/L		
,	property				MM	\$/L		
		Accete Diagoni in	Service During 2002 Ta	v Voortleine th	<u> </u>		n Svs	tom
20.	Class life	ASSELS FIACCO III	Service Duning 2002 17	ax rear using in	Alternat	. S/L	11 Jy 3	
<u></u>	Class life	Sold Rolling		12 yrs		S/L		·
	: 40-year	Carrie again 2 again an		40 yrs	MM	S/L		
				#O Ara	Pili	1 2/11		<u> </u>
	t IV S Summary (see Listed property. Enter amo					· · · · · · · · · · · · · · · · · · ·	21	
44	Total. Add amounts from line 12, of your return, Partnerships and S	omes 14 inrough 17, 110 corporations — šee in	es re and zo in column (g), a structions	na mie zi, chtei den	e and on the	appropriate lines	22	
	For assets shown above ar the portion of the basis att				23		ंडे इस् अर्थ अर्थ	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

	columi	ns (a) through ((c) of Section	A, all of	Section	B, and	Section	C if	app.	licable.				•		24a, A	:40, -	_
		on A — Depreci						รเกมต						T. T	_		_	
	a Do you have eviden		1			1,,,,,	X Yes		No		Yes, is t	he evidend	ze written) T		<u> X </u>		_	No
Т	(a) ype of property (list vohicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos	d) st or basis	(busin	(e) for deprecia ess/investri use only)	ation nent		(f) Recovery period		(g) felhod/ nvention	Dep de	(h) preciation aduction		Eli sech	(i) lected ion 1) cost	
25	Special depreciused more than	iation allowance n 50% in a qual	e for qualified ified business	l listed pi s use (se	roperty p e instruc	laced in tions)	service	duri	ing t	the tax	year an	d 25			7. 7. 7. 8.		2 (10) 2 (10)	76% 53 764 - 6.06 763 - 78
26																nac i syntage		11.00
19	98 FORD NA	9/15/97	90.00												-			
27	Property used 5	i0% or less in a	qualified bus	einase ne	e (see in	structio	ne\											
	1 Topolty Coca c	0 70 01 1033 111 0	, quantica ba		se (see ii	1311 00110	1110).								23 70 70			2000 15 2000 15 2000 15
									i			•••					g Di	
28	Add amounts in	column (h), lin	res 25 through	27. Ent	er bere a	and on l	ine 21. d	oace	1		i	. 28						#6x-71
29	Add amounts in														-		10 1/2 200	0.
Con to y	nplete this section our employees, fi	n for vehicles us rst answer the	sed by a sole questions in t	Section (to see i	f you m	ieet an e	re th excep	ption	n to сол	npleting	this sec	ction for	those	ovid /ehid	cles.		les
30	30 Total business/investment miles driven during the year (do not include commuting			Veh	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		Vel		(f) hicle 6	
	miles – see ins	tructions)			4,466													
31															<u> </u>			
	Total other pers miles driven		<i>.</i>		496													
33	Total miles drive lines 30 through	en during the ye n 32	ear. Add		4,962													
				Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Ÿ	es	No	0
34	Was the vehicle during off-duty l	available for phours?	ersonal use	. X														
35	Was the vehicle than 5% owner	used primarily or related perso	by a more o⊓?	. x														
36	ls another vehic personal use?			. X				_										-
		Section C	- Questions	for Em	oloyers V	Vho Pro	vide Ve	hicle	s fo	r Use b	y Their	Employ	/ees					
Ans 5%	wer these questio owners or related	ns to determine persons (see in	e if you meet nstructions).	an excep	otion to c	ompleti	ng Secti	ion E	3 for	vehicle	s used	by emp	loyees v	vho are	not	more	e tha	зл
37	Do you maintain by your employe	a written policy	y statement t	hat prohi	bits all p	ersonal	use of v	/ehic	les,	includi	ng comi	muting,			Y	es	No	
38	Do you maintain employees? See																	
39	Do you treat all																	
40	Do you provide i	more than five v tain the informa	vehicles to yo	ur emplo	yees, ob	tain ink	ormation	fror	m yo	our emp	loyees	about th	e use o	f the				_

	Note: If your answer to 37, 38, 39, 40, o	or 41 is 'Yes,' do not com	plete Section B for	the covered vet	niçleş.	
Part	Vi Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during	your 2002 tax year (see	instructions):			
43	Amortization of costs that began before	your 2002 tax year			43	
44	Total. Add amounts in column (f). See	instructions for where to	report	<u></u>	44	

41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)......

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

2002

Department of the Treasury Internal Revenue Service Name(s) shown on return

GENT AND SANDRA WELSH

Identifying number

Business or activity to which this form relates SCHEDULE C - TELEKING Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Part I 1 \$24,000. Total cost of section 179 property placed in service (see instructions)...... 2 3 \$200,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions............... 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property. Enter the amount from line 29...... Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7...... 8 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12....... Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part I Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)..... 14 3.000 Property subject to section 168(f)(1) election (see instructions)...... 15 Other depreciation (including ACRS) (see instructions)..... 16 Part II MACRS Depreciation (Do not include listed property.) (See instructions) If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into orie or more general asset accounts, check here. Section B — Assets Placed in Service During 2002 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (C) Basis for depreciation (e) Convention (g) Depreciation deduction (business/investment use year placed in service Recovery period only - see instructions) 19a 3-year property..... **b** 5-year property...... 7,000 HY 200DB 1,000 c 7-year property.... d 10-year property.... e 15-year property...... f 20-year property....... g 25-year property..... 25 yrs S/L 27.5 yrs MM S/L h Residential rental...... property..... 27.5 yrs MM S/L 39 vrs MM S/L i Nonresidential real...... S/L MM Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System S/L**20 a** Class life.......... S/L12 yrs S/L 40 vrs MM

the portion of the basis attributable to section 263A costs

Listed property. Enter amount from line 28

For assets shown above and placed in service during the current year, enter

Part IV Summary (see instructions)

4,000

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

					<u> </u>			'''							
	Section A — Depr					_	$\overline{}$				•				
_24	a Do you have evidence to support the	e business/investm	ent use clair	ned?	,	Yes		No 24b I	f 'Yes,' is t	he eviden	ce written?		Yes	No	
T;	(a) (b) ype of property (list vehicles first) Oate placed in service	(C) Business/ investment use percentage	(d Cast other	or	(busine	(e) for depreca css/invastr use only)	ation ment	(f) Recover period		(g) Method/ Invention		(h) reciation duction	E sect	(i) lected tion 179 cost	
25	Special depreciation allowaused more than 50% in a g	nce for qualified	l listed pr	operty pl ₃ instruct	laced in	service	duri	ng the tax	year an	id 25				And the second	
26	Property used more than 50										<u> </u>		- Examples	"Religious religion for	
_27	Property used 50% or less i	n a qualified bu	siness us	e (see in	structio	ns):							Estation care	SCACE and markets	
		1									1				
									_		-			e vale de la companya	
 2R	Add amounts in column (h),	lines 25 through	h 27 Enti	er here s	nd on t	ine 21	da	1		28	 		2017 (2017) 2017 (2017) 2017 (2017) 2017 (2017) 2017 (2017) 2017 (2017)	Period III.	
	Add amounts in column (i),	-					-				<u>.</u>	29) /// // // // // () ()	Avi deminor	
			Section									<u> </u>		<u></u>	
Com	plete this section for vehicles	used by a sole	proprieto	r, partne	er, or ot	her 'mo	re tha	ал 5% ом	ner," or a	elated p	erson. I	f you pr	ovided v	ehicles	
lo y	our employees, first answer th	ie questions in	Section C	to see i	f you m	eet an o	excep	ation to co	mpleting	this se	ction for	those v	rehicles.		
30	Total business/investment n	tilde drivan	i	a)		b)		(c)	1	(d)	1	e)	1	f)	
	during the year (do not incli	_ 	icle 1	Vehi	cle 2	<u> \</u>	/ehicle 3	Veh	icle 4	Vehi	icle 5	Vehi	cle 6		
31	miles — see instructions) Total commuting miles driven during						-		+		 		-		
	Total other personal (nonco		` -				\vdash				 				
	miles driven														
33 Total miles driven during the year, Add lines 30 through 32															
	mics so through az : : : : : : :		Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No	
34	Was the vehicle available fo during off-duty hours?	r personal use										-			
35	Was the vehicle used prima- than 5% owner or related pe														
36	Is another vehicle available personal use?	for 									l				
		ı C — Question		loyers V	Vho Pro	vide Ve	hicle	s for Use	by Their	r Emplo	yees				
Ansv 5% d	ver these questions to determ owners or related persons (se	iine if you meet e instructions).	ап ехсер	tion to c	ompleti	ng Sect	ion B	for vehic	les used	by emp	loyees v	vho are	not mor	e than	
37	Do you maintain a written po by your employees?	olicy statement	lhat prohil	bits all p	ersonal	use of	vehic	les, includ	ding com	muting,			Yes	No	
38	Do you maintain a written po employees? See instructions	olicy statement i for vehicles us	that prohit	bits perso porate of	onal use	e of veh	nicles s. or	, exceptic 1% or mo	ommutir re owne	g, by yo	tur 	, , , , , , , ,			
40	Do you provide more than fix vehicles, and retain the infor	ve vehicles to yo mation received	our emplo 17	yees, ob				n your em				f the			
41	Do you meet the requiremen Note: If your answer to 37, 3												e og vordssjælde Staget byskelen	Wasi-1585	
Par	t VI Amortization														
	(a) Description of costs		Date am	b) lortization gins	(c) Amortizable amount			1 0	(d) Code sction	Amo pe	(e) rtization riod or centage		(f) Amortization for this year		
42	Amortization of costs that be	gins during you	ır 2002 ta.	x year (s	ee instr	ructions)):								
	ANCHISE FEE			6/02		14,4		ì	97		15			640.	
			L		<u> </u>	<u></u>	-								
43 44	Amortization of costs that b	_		_							. 43			640.	

2002

GENERAL ELECTIONS

PAGE 1

CLIENT 7720

GENT AND SANDRA WELSH

571-62-4326

10/06/03

09:50AM

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK

PURSUANT TO IRC SECTION 172(B)(3), THE TAXPAYER HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 12/31/02.

Form	4	0
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			rst Name and			_		** ** *********************************		Las	si Name				•			You	ur Saci	al Se	curity	Nun	ber	
		GEN:	<u> </u>							W	ELSH	[8			432	6		
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Do y	ou need		income ta:			d to you) ne:	xt yea	ır?	•	Ye	s •	XN	0		-	•							
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ATTACH PAYMENT HERE ATTACH	10 Ac 11 To 12 St 13 To	ne 21; ddition otal. Ac ubtract otal ad you ha mputa	ur federal or federal s from For dd line 9 a ion from F justed inc ive an NOI tion. See i Check	Form 39 nd 1 orm ome and and b c	n 1040EZ PR, Part a 0 39R, Par Subtract d are electricate. If age 65 If blind. If your pacheck he ons. Attach	t B, line 4. In B, line 12 cting to or olde	Atta 5, Atta 2 21, 2 from fores r som enter hedul	ach a tach F . Attac m line go the	completer 39 ch Forn 11. a carryl else co	ete cop 9R n 39R . back po back po an clair es 20 a nits apply	eriod, m you and 48	check I	here. You Pepend	eturn - [] rself	*) • [S _I	pouse	11 12 13				2, -	514 571 943 943	
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2 C	Jointly: \$9,400	20	Multiply \$															20				б.	000	
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· [<u>X</u>]	Within 1: Under po	80 day enaltie	s of receiv s of perjur	ing t y, l i	thìs retur declare th	n, the Id nat <u>t</u> o th	laho e be	State est of i	: Tax C my knó	Commis Swiedge	sion n e and	nay cor belief t	ntact t :his re:	he pa port is	id pre s true,	parer , corre	to dis ect an	scuss i d com	it. plete.					
	Your Signa		> ∕ >	$\sqrt{\Gamma}$	77	//		ate				Paid Pre							eparer		V, 55N	l, or	FTIN	
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Sign Here	Spouse's S	Signa v	Letyn i Withered	irn, <u>b</u>	dth must si	L	Ď.	aytirne F	Phone			Address HYTR 2880 ONTA	REK 8	× RI 4TH	CHII	ENUE				88	[9 - 5	i31	.8	

EIN: 82-0402754

TC4002-2 10/24/02

Page 2 Tax amount from line 22 23 Credits. Limits apply. See instructions. 24 Income tax paid to other states. Attach Form 39R and a copy of the other state return(s)....... 25 Credit for contributions to Idaho educational entities 26 Investment Tax Credit, Attach Form 49. . Earned • 27 Credit for contributions to Idaho youth and rehabilitation facilities 28 Credit for production equipment using post-consumer waste..... 29 Natural Resources Conservation Credit....... 30 Promoter-Sponsored Event Credit Credit for qualifying new employees, Att Form 55 . . Earned . 32 Credit for Idaho research activities. Att Form 67. . . . Earned • Allowed = 32 Broadband Equipment Investment Cr. Att Form 68, . Earned . 33 Incentive Investment Tax Credit. Attach Form 69...... 34 Electronically Filed Return Credit 35 36 Total credits. Add lines 24 through 35..... 36 Subtract line 36 from line 23. If line 36 is more than line 23, enter zero..... 37 0, Other Taxes. See instructions. 38 Fuels tax due. Attach Form 75..... 39 Sales/use tax due on mail order, internet, and other nontaxed purchases, 40 Tax from recapture of Investment Tax Credit, Attach Form 49R Tax from recapture of Broadband Equipment Investment Credit, Attach Form 68R. 42 Tax from recapture of Incentive Investment Tax Credit. Attach Form 69R...... 42 43 Permanent building fund. Check the box if you are receiving Idaho public assistance payments..... 43 10.00 Total tax. Add lines 37 through 43 10. Donations. See Instructions. 45 I wish to donate to the Nongame Wildlife Conservation Fund..... I wish to donate to the Children's Trust Fund/Child Abuse Prevention.... Total tax plus donations. Add lines 44 through 46 10. Payments and Other Credits. See instructions. 48 Grocery Credit. \$20 per person claimed on line 6d..... 40. 49 Additional Grocery Credit. \$15 per person 65 or older claimed on line 14a..... 50 Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39R.... 51 Special fuels tax refund Gasoline tax refund 52 Idaho income tax withheld. Attach Form(s) W-2..... 53 54 Total payments and other credits. Add lines 48 through 53.... 40. If line 47 is more than line 54, Go to Line 55. If line 47 is less than line 54, Go to Line 58. Refund or Total Due. See Instructions. 55 Tax due. Subtract line 54 from line 47..... 56 Penalty ■ Interest from the due date • Enter total..... 56 Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account. 57 Total due. Add lines 55 and 56. Make check or money order payable to the Idaho State Tax Commission... 57 58 Overpaid, Line 54 minus lines 47 and 56. This is the amount you overpaid...... 30 30 Estimated tax. Amount of line 58 to be applied to your 2003 estimated tax..... Amended Return Only. Complete this section to determine your tax due or refund. 62 Refund from original return plus additional refunds...... Tax paid with original return plus additional tax paid...... Amended tax due or refund. Add lines 61 and 62 and subtract line 63

2002

Idaho Supplemental Schedule For Form 40, Resident Returns Only



		For calendar year 2002, or fiscal year beginning		, ending		, , ,
		own on Return			Social Se	curity Number
GENT	AN	D SANDRA WELSH		,		2 -4326
Α	Add	ditions. See instructions.		1.		
					1	Ì
	1	The state of the s	m 40		. [1
	2		coming an I	ldaho resident	• [2
	3	The second secon				3
	4	vivigo carrige deception and the training and the training			[4
	5	Other additions. Attach explanation		SEE.STATEMEN	T.1.	5 2,571.
	6	Total additions Add lines 1 through 5 Catas and line 10 Carry	40			
		Total additions. Add lines 1 through 5, Enter on line 10, Form	40		b	6 2,571.
В	Sub	otractions. See instructions.				
	1	Idaho net operating loss carryover			i	
	•	Idaho net operating loss carryback	Enter total I	2000	1	,
	2	State income tax refund if included in federal income	LIICI IOISI I	TETE	· · · · - -	2
	3	Interest from U.S. Government obligations				3
	4	Insulation of Idaho residence.				4
	5	Alternative energy devices deduction		,	· · · · · · · · · · · · · · · · · · ·	
		Year			130	
	,		Percent		(함 영	
	2	a 2002 \$ X	40% =	5 a		
	<u> </u>		20% =	5b	S	
	<u> </u>	: 2000 \$ X	20% =	5c		
	<u>c</u>	1 1999 \$ x	20% =	5 d		
	е	Add lines 5a through 5d				5e
	6	Child/dependent care. Attach federal Form 2441 or 1040A, Sch				6
	7	Social security and railroad benefits, if included in federal incor	me		• 🗀	7
	8	Retirement benefits deduction.	_			
		If single enter \$19,920, or if married filing jointly enter \$29,880		8a		See instructions
		Federal Railroad Retirement benefits received		8b		for qualified retirement benefits
		Social Security benefits received		8c		to be included on
		Balance. Line 8a minus lines 8b and 8c. If less than zero enter		_8d		fine 8e.
	е	Qualified retirement benefits included in federal income		8e		
		Enter the employ of the Delice Delice .				
		Enter the smaller of line 8d or 8e here				81
	70 10	Technological equipment donation				9
	11	Idaho capital gains deduction. Attach Form CG				
	12	Adoption expenses		***************************************	• 🛅	!1
	-	Idaho medical savings account, Contributions Inter-	court con-			12
	13	Financial institution Accordance Accordance Savings program	COUNT HOME)ei	—• ├;	
	14	Maintaining a home for the aged and/or developmentally disable				
	15	Idaho lottery winnings, less than \$600 per prize				
	16	Income earned on a reservation by an American Indian				
	17	Health insurance premiums				
	18	Long-term care insurance				
		Worker's compensation insurance				
		Other subtractions. Attach explanation				20
		Total subtractions. Add lines 1 through 4, 5e through 7, and 8f t			· •	
		Enter on line 12, Form 40.			2	1

Idaho Investment Tax Credit

2002

Month Day Year Month Day For calendar year 2002, or fiscal year beginning 02 ending Name(s) as Shown on Return Social Security Number or EIN GENT AND SANDRA WELSH 4326 Part I - Credit Available Subject to Limitation 1 1 10,000 2 Credit earned. Multiply line 1 by 3%.... 2 300. 3 Pass-through share of credit from a partnership, S corporation, estate or trust 3 Credit received through unitary sharing, Attach a schedule..... 4 5 Carryover from prior years' investment credit, Attach Form 49C or other schedule...... 5 6 Credit distributed to partners, shareholders or beneficiaries. 6 7 8 Total credit available subject to limitation. Add lines 2 through 5 and subtract lines 6 and 7..... 8 300. If you are claiming the credit for qualifying new employees, compute the limitation on Form 55. If you are not claiming the credit for qualifying new employees, complete lines 1 through 10. Part II — Limitation Idaho income tax. Enter the amount from the appropriate income tax return..... Credit for tax paid to other states 2 Subtract line 2 from line 1..... 3 Investment tax credit from line 8, Part I...... 300 Multiply line 3 by 50%.... 5 6 Enter the smaller of line 4 or line 5 7 Total of nonrefundable credits available, Add lines 6 and 7..... 8 9 If line 8 is greater than line 3: a Subtract line 3 from line 8..... 9 a b Credit allowed. Subtract line 9a from line 6. If negative, enter zero...... 9Ь 10 If line 8 is equal to or less than line 3, enter the amount on line 6. This is the credit allowed. 10

Qualifying Depreciable Property

Idaho generally follows the definition of qualified property found in the Internal Revenue Code (IRC), Sections 46 and 48 as in effect prior to 1986. The property must have a useful life of three years or more and be property for which you are allowed the deduction for depreciation or amortization in lieu of depreciation. Qualifying property includes the following property used in a trade or business:

- Tangible personal property machinery and equipment
- Other tangible property property used as an integral part of manufacturing, production, extraction, or furnishing transportation, communications, or utility services, or research facilities and bulk storage facilities used in connection with those businesses
- Elevators and escalators
- Single purpose agricultural or horticultural structures
- Qualified timber property
- Petroleum storage facilities
- Qualified broadband equipment as approved by the Idaho Public Utilities Commission

Nonqualifying Property

Property that does not qualify includes:

- · Buildings and their structural components
- Property used in certain lodging facilities
- The cost of property expensed under Section 179, IRC
- Property subject to 60-month amortization
- Used property not acquired by purchase
- Property that is either nondepreciable or has a useful life of fewer than three years
- The portion of property used for personal use
- Used property in excess of \$150,000
- Horses

Idaho exceptions to IRC Sections 46 and 48

Idaho law specifically excludes the following property from qualifying for the Idaho investment tax credit:

- Property not used in Idaho
- Vehicles under 8,000 pounds gross weight

40.000	2002	IDAHO STATEMENTS		PAGE 1
STATEMENT 1 FORM 39R, PAGE 1, LINE 5 OTHER ADDITIONS DEPRECIATION ADJUSTMENT STATEMENT 2 FORM 49, LINE 1 QUALIFIED INVESTMENT ACQUIRED DURING THE TAX YEAR DESCRIPTION DISPLAYS \$ 10,000.		GENT AND SANDRA WELSH		√521-62 -4326
FORM 39R, PAGE 1, LINE 5 OTHER ADDITIONS DEPRECIATION ADJUSTMENT. STATEMENT 2 FORM 49, LINE 1 QUALIFIED INVESTMENT ACQUIRED DURING THE TAX YEAR DESCRIPTION DISPLAYS. \$ 2,571. \$ 2,571. \$ 2,571. \$ 2,571. \$ 2,571. \$ 2,571. \$ 10,000.				09:50AN
STATEMENT 2 FORM 49, LINE 1 QUALIFIED INVESTMENT ACQUIRED DURING THE TAX YEAR DESCRIPTION DISPLAYS	STATEMENT 1 FORM 39R, PAGE 1, LINE 5 OTHER ADDITIONS			
STATEMENT 2 FORM 49, LINE 1 QUALIFIED INVESTMENT ACQUIRED DURING THE TAX YEAR DESCRIPTION DISPLAYS	DEPRECIATION ADJUSTMENT	•••••	.	2,571.
FORM 49, LINE 1 QUALIFIED INVESTMENT ACQUIRED DURING THE TAX YEAR DESCRIPTION DISPLAYS			TOTAL \$	2,571.
DESCRIPTION BASIS DISPLAYS \$ 10,000.	FORM 49. LINE 1	RED DURING THE TAX YEAR		
DISPLAYS\$ 10,000.	DESCRIPTION			
TOTHE V 10,000.			<u>\$</u> ምርምአ፣ \$	10,000.
			TOTUE A	<u> 10,000.</u>

IDAHO FORM 4562 Depreciation and Amortization (Including Information on Listed Property) See separate instructions. Attach to your tax return.

OM8 No. 1545-0172

2002

67

Department of the Treasury Internal Revenue Service

Name(s) shown on return GENT AND SANDRA WELSH

ldentifying number 4326

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	ss or activity to which this form reta							
	EDULE C - TELEKI							
Par	Election To E Note: If you have	xpense Certair any listed proper	n Tangible Property ty, complete Part V belo	Under Sect	ion 179 e Part I.			
1	Maximum amount. See in:	structions for a hig	ther limit for certain bus	inesses	, , ,		1	\$24,000
2	Total cost of section 179 p	property placed in	service (see instructions	s)	,		2	
3	Threshold cost of section							\$200,000
4	Reduction in limitation, Su						4	
5	Dollar limitation for tax ye separately, see instruction	ar. Subtract line 4	from line 1. If zero or le	ess enter -0- If	married fil	lina	5	· · · · · · · · · · · · · · · · · · ·
6		Description of property		(b) Cost (busines		(C) Elected cos	it	
						``		
								The second of th
7	Listed property. Enter the	amount from line	29		7			- Alle Constitution and
8	Total elected cost of section	оп 179 property. A	dd amounts in column (c), lines 6 and 1	7		8	
9	Tentative deduction, Enter						9	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10	Carryover of disallowed de						10	
11	Business income limitation						11	
12	Section 179 expense dedu						12	
	Carryover of disallowed de							CONTRACTOR CONTRACTOR STORY
Note	Do not use Part II or Part	III below for listed	property. Instead, use a	Part V.				The rest time is an expense of the time depth is not most
Par	Special Depre	ciation Allowa	nce and Other Dep	reciation (Do	not include	e listed property	.)	
14	Special depreciation allow tax year (see instructions).	ance for qualified	property (other than lists	ed property) pla	red in sen	rice during the	14	- 1113
15	Property subject to section						15	
	Other depreciation (includi						16	
Par	III MACRS Depre	eciation (Do not	include listed property.)	(See instructio	ns)			
			Section		-			
17	MACRS deductions for ass	ets placed in serv	ice in tax years beginnin	ng before 2002.			17	
	lf you are electing under so one or more general asset	ection 168(i)(4) to	group any assets placed	d in service duri	ing the tax	vear into		
			n Service During 2002 T				Svst	em
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conventio	(f)		(g) Depreciation deduction
19 a	3-year property	Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
b	5-year property							
	7 year property	Control of the Contro	10,000.	7	HY	200DE	3	1,429.
	10-year property	396397639763975787072367 203025637757577676		•				
	15-year property	 A Septimble of the Company (1997) 189 (1997) 189 (1997) 			""			
f	20-year property							
а	25-year property			25 yrs		S/L		1
h	Residential rental		" "	27.5 yrs	MM	S/L		
	properly		'	27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	\$/L		
	property			77 <u>7</u> + 0	MM	S/L		
		Assets Placed in	Service During 2002 Tax	r Vear Using th			Sve	tom
20 a			Screece Daning 2002 102	k rear osing th	- Aitelliati	S/L	_ Jy J	i i i i i i i i i i i i i i i i i i i
<u> </u>	Class life	Valida (1997) (1		12 yrs		S/L		
	40-year			40 yrs	MM			
	1V⊚⊜ Summary (see i			TO ATD	l Hilli	S/L		1
	Listed property. Enter amo					1.5	<u>, T</u>	
	Listed property, Enter amo Total, Add amounts from line 12, I of your return, Partnerships and S				and on the a	porcopriate lines	' 	
23	of your return. Partnerships and S For assets shown above ar the portion of the basis attr	nd placed in servic	e during the current yea	r. enter	23	2		1,429

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		<u> </u>	ITA, all OI SECTION C	<u> </u>		1.4				
Section	on A — Depreci	ation and O	ther Information (C	aution	: See instruc	ctions for limit	s for passeng	er automobiles.)	,	
24 a Do you have evident	ce to support the bu	usiness/investn	nent use claimed?		Yes	No 24b If 'Ye	s, is the evidence	written?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost or other basis	(busin	(e) for depreciation loss/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	section	(I) ecled on 179 ost
25 Special depreci used more than	ation allowance 50% in a qual	e for qualifie ified busines	d listed property pla ss use (see instruct	aced in ions)	service duri	ing the tax ye	er and 25			
26 Property used r	more than 50%	in a qualifie	d business use (sec	e instru	uctions):					
								•		
									1	
						1			 	
27 Property used 5	i0% or less in a	qualified bu	usiness use (see ins	strucțio	ons);	L				
									7 (154.7.6) 6 (117.7.6)	
		1							7.00	
28 Add amounts in	column (h), lin	es 25 throug	gh 27. Enter here a	nd on l	line 21, page	1	28			
29 Add amounts in	column (i), line	e 26. Enter h	nere and on line 7,	page 1	, ,			29		
			Section B - Infor							
Complete this section to your employees, fi										hicles

30	Total business/investment miles driven during the year (do not include commuting miles — see instructions)		a) cle 1	(t Vehic	o) cle 2	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5			(f) icle 6
31	Total commuting miles driven during the year,								•				
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32											•	
		Yes	No	Yes	No	Yes	No	Yes	No	Yeş	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you most an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
	by your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (see instructions). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		JAZOV.

(a) Description of costs	(b) Date amortization begins	(C) Amortizabla amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during yo	ur 2002 tax year (see	instructions):			
FRANCHISE FEE	4/16/02	14,400.	197	15	640
43 Amortization of costs that began before yo				43	-
44 Total. Add amounts in column (f). See inst	=				640

IDAHO FORM 4562 Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

OMB No.	1545-0172
20	02

67

Name(s) shown on return

GENT AND SANDRA WELSH

Identifying number

4326 Business or activity to which this form relates SCHEDULE C - SANDY'S APPLIANCES Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 \$24,000 1 2 Threshold cost of section 179 property before reduction in limitation... 3 \$200,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions......... 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29....... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7........ 8 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12....... 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part I Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than fisted property) placed in service during the 14 tax year (see instructions)..... Property subject to section 168(f)(1) election (see instructions) 15 Other depreciation (including ACRS) (see instructions)..... 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into orie or more general asset accounts, check here. Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (a) (d) (g) Depreciation (e) Classification of property year placed in service (business/investment use Recovery period Convention deduction only = see instructions) 19 a 3-year property. b 5-year property..... c 7-year property... d 10-year property... e 15-year property... f 20-year property.... S/L g 25-year property... 25 yrs 27.5 yrs MM S/L h Residential rental. S/L property....... 27.5 yrs MM MM i Nonresidential real. 39 yrs S/Lproperty..... MM S/L Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System S/L**20 a** Class life..... 12 yrs S/L c 40-year.. 40 yrs MM S/L Part IV Summary (see instructions) Listed property. Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines For assets shown above and placed in service during the current year, enter

the portion of the basis attributable to section 263A costs...

	A	-	Α.	,-	
_	4	٦,	•	ъ	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

COIGIIII	is (a) ambugn (cy or perior	n A, an or Section t	o, and section on	appiicavie.				
Section	on A – Depreci	ation and O	ther Information (C	aution: See instruc	tions for limit	s for passeng	er automobiles.)		
24 a Do you have evidend								Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investmen) use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Electron section cost	ed 179
25 Special depreci used more than	ation allowance 50% in a quali	for qualifie fied busines	d listed property pla ss use (see instruct	aced in service duri ions)	ng the tax yea	ar and 25		The state of	78.15 10.15
26 Property used r	nore than 50%	in a qualifie	<u>d business use (sec</u>	e instructions):					
1998 FORD NA	9/15/97	90.00							
27 Property used 5	0% or less in a	qualified bu	usiness use (see in:	structions):					
								Services Services	0.00000000
									65.70.70 765.720:8
								(445) CB	
28 Add amounts in	column (h), lin	es 25 throug	gh 27. Enter here a	nd on line 21, page	1	28	0.		180 III
29 Add amounts in	column (i), line	26. Enter l	ere and on line 7,	page 1			29		0.
				mation on Use of \					
Complete this section to your employees, fi									icles

30	Total business/investment miles driven during the year (do not include commuting miles — see instructions)		(a) Vehicle 1 4,466		(b) Vehicle 2		(c) Vehicle 3		d) icle 4	(e) Vehicle 5			n cle 6
31	Total commuting miles driven during the year									l			
32	Total other personal (noncommuting) mites driven		496										
33	Total miles driven during the year. Add tines 30 through 32		4,962										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?	Х											
35	Was the vehicle used primarily by a more than 5% owner or related person?	Х											
36	Is another vehicle available for personal use?	Х											

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37	Oo you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	res	NO
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)	734 853	Tap Barri
Pai	rt VI Amortization		

Fai	LIVE-ES AMORGZACION						
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Coda section	(e) Amortiz period percen	ation or	(f) Amortization for this year
42	Amortization of costs that begins during you	r 2002 tax year <u>(see</u>	instructions):				
			-				
43	Amortization of costs that began before you	r 2002 tax year				43	-
44	Total. Add amounts in column (f). See instr	uctions for where to	report	,		44	
		501700					E 4E00 40000

IDAHO FORM 4562 Depreciation and Amortization (Including Information on Listed Property) See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

2002

Department of the Treasury Internal Revenue Service Name(s) shown on return

identifying number

GENT AND SANDRA WELSH Business or activity to which this form relates SCHEDULE A (POINTS) Part Kee Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See instructions for a higher limit for certain businesses...... \$24,000 2 Total cost of section 179 property placed in service (see instructions)..... 2 Threshold cost of section 179 property before reduction in limitation....... 3 \$200,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year, Subtract line 4 from line 1, If zero or less, enter -0-. If married filing separately, see instructions. 6 (b) Cost (business use only) (a) Description of property (C) Elected cost Listed property. Enter the amount from line 29...... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7...... 8 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 13 Carryover of disaflowed deduction to 2003. Add lines 9 and 10, less line 12....... Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)..... 14 Property subject to section 168(f)(1) election (see instructions)....... 15 Other depreciation (including ACRS) (see instructions)..... 16 MACRS Depreciation (Do not include listed property.) (See instructions) Section A If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here...... Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (C) Basis for depreciation (e) Convention **(g)** Depreciation (business/investment use year placed Recovery period deduction in service see instructions? 19 a 3 year property **b** 5-year property c 7-year property. d 10-year property. e 15-year property. f 20 year property 25 yrs S/L g 25-year property. h Residential rental 27.5 yrs MM S/L property..... 27.5 yrs MM S/L MM \$/L 39 yrs i Nonresidential real...... property..... Š/L MM Section C — Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System S/L 20 a Class life. 12 yrs S/L **b** 12-year...... 40 yrs c 40-year..... MM S/L | Part IV SS | Summary (see instructions) Listed property. Enter amount from line 28..... 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return, Partnerships and S corporations — see instructions.............

For assets shown above and placed in service during the current year, enter

the portion of the basis attributable to section 263A costs

	17	2
	ŧ .7.	/ D

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

			,, ,, an or ocquer, ,					
			ther information (C		ctions for limit	s for passenge	er automobiles.)	•
24 a Do you have eviden-	ce to support the bu	isiness/investr	nent use claimed?	Yes	No 24b If 'Ye	s,' is the evidence	written?	Yes No
(a) Type of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreci used more than	iation allowance n 50% in a gual	e for qualifie ified busines	d listed property pla s use (see instruct	aced in service duri ions)	ing the tax ye	ar and 25		
			d business use (se					
					1	l i i i i i i i i i i i i i i i i i i i		
						·		
27 Property used 5	0% or less in a	qualified bu	usiness use (see in:	structions):	de			
				<u> </u>				
28 Add amounts in	i column (h), lin	ies 25 throug	gh 27. Enter here a	nd on line 21, page	: 1	28		NEW ACTIONS
29 Add amounts in	column (i), line	e 26. Enter h	nere and on line 7,	page 1			29	
				rmation on Use of			,	•
Complete this section	n for vehicles us	sed by a solo	e proprietor, partne	r, or other 'more th	an 5% owner,	or related pe	rson. If you pro	vided vehicles

to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles — see instructions)	(a Vehi	a) cle 1	(t Vehi	o) cle 2		c) icle 3	(d Vehi	•		e) cle 5	-	f) cle 6
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,											
37	by your employees?	brombits an per	sonai use oi venici	es, including com	,						
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.											
	39 Do you treat all use of vehicles by employees as personal use?										
40	40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?										
41	Do you meet the requirements concerning qu Note: If your answer to 37, 38, 39, 40, or 41					1.7.1.1 105 02		(Migraphile grants) Magazine grants			
Pai	Part VI Amortization										
	(a) (b) (c) (d) (e)										
	Description of costs Date amortization Amortizable Code Amortization Amorti begins amount section period or for this										

	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	for this year
42	Amortization of costs that begins during you	r 2002 tax year (see	instructions):			
						-
43	Amortization of costs that began before you	ır 2002 tax year			43	3 28.
44	Total. Add amounts in column (f). See instr	uctions for where to	report			4 28.

1040	Department of the Treasury —		000	_		
Form 1040	U.S. Individual	<u>Income Tax Re</u>	eturn 200		se Only — Do not v	write or staple in this space.
	For the year Jan 1 - Dec 31, 2003,		, 2003, er			OMB No. 1545-0074
Label	Your first name	MI Las	t name		Yours	ocial security number
(See instructions.)	GENT WELSH	-			4.54	43 26
Use the	f a joint return, spouse's first name	M! Lasi	l name		Şpouş	o's social security number
IRS label.	SANDRA WELSH				. 53	==t-7968
Otherwise, please print	forme address (number and street).	If you have a P.O. box, see i	nstructions.	Apartmer	it na.	Important!
or type.	310 MCBRIDE				You	must enter your social
	City, town or post office. If you have	a fordign address, see instru	ctions.	State ZIP code	secu	irity number(s) above.
Presidential Election	MC CALL, ID 83658	1				
Campaign (See instructions.)	Note: Checking 'Yes' w Do you, or your spouse	Il not change your tax	or reduce your refu	und.	You Yes X	Spouse No Yes X No
Fillian Caratan	1 Single	a nung a joint return,	Want 43 to 95 to ti	Head of household (
Filing Status	—	(even if only one had incom	,	' instructions.) If the d	rualifying persi	on is a child
folia de la companya		ately. Enter spouse's SSN ab	•	but not your depend name here	ent, enter this	child's
Check only one box.	name here.	aciy, ciner spouses son ab	5	Qualifying widow(er) with	dopandont shild u	(Coo instructions)
	[parent (or someone	· · · · · · · · · · · · · · · · · · ·			No. of boxes
Exemptions		lo not check box 6a	ciairii you	ras a dependent on n		checked on 6a and 6b 2
					E .	Na. of
			(2) Dependent's	(3) Dependent's		children on 6c who:
	c Dependents:		social security	relationship	qualifying child for child	• Ilved
	(1) First name	Last name	number	to you	tax credit (see instra)	with you
		Edot Hamo				did not live with you
					 	due to divorce or separation
If more than					┼-;;;	(see instrs)
five dependents,						Dependents on 6c not
see instructions.						entered above .
						Add numbers on lines
	d Total number of exe					above
Income	7 Wages, salaries, tips	, etc. Attach Form(s)	W-2			
	8a Taxable interest. Att	ach Schedule B if requ	uired,,,,			13,011.
Attach Forms	b Tax-exempt interest	. Do not include on im Attack Schoolule Diffe	e 5a 	86		
W-2 and W-2G	9 a Ordinary dividends b Qualta divs (see instrs)	Attacht Schedule B II in	equirea	эь	9a	···
here. Also attach Form(s) 1099-R if	10 Taxable refunds, credits, of	offsets of state and local i	nonmo tavos /soo instru			
tax was withheld.						
	12 Business income or	(loss). Attach Schedul	e C or C-EZ		12	-21,691.
I for a second but a second	13 a Capital gain or (loss), Att	Sch D if regd. If not regd, cl	k here		13a	-2,004.
If you did not get a W-2, see	 If box on 13a is checked, enter post-May 5 capital gain distribution 		,,,,,,			
instructions.	14 Other gains or (losse	s). Attach Form 4797,			14	-711.
	15 a IRA distributions		b Ta	axable amount (see in	ıstrs) 15 b	
	16 a Pensions and annuit		14,041. b Ta	exable amount (see in	strs) . 16 b	4,470.
r -		yalties, partnerships,				
Enclose, but do not attach, any		s). Attach Schedule F.				
payment, Also,	20 a Social security benefits	ensation		axable amount (see in		
please use F orm 1040-V ,		PERATING LOSS		axable ambum (See in	21	-2,352.
		e far right column for lin		s is your total income		-9,277.
		see instructions),		23		3,21,,,,
Adjusted		nstructions)		24	28 (87.5%) 26 (20.00) 27 (20.00)	
Gross		deduction (see instru		25		
ncome		action (see instruction		26		
		tach Form 3903		27	13/44	
		oyment tax. Attach So		28		
		insurance deduction		29	5 X 740 4	
		SIMPLE, and qualified		30		
	31 Penalty on early with	drawal of savings		31		
	32 a Alimony paid b Recipient			32a		•
	33 Add lines 23 through 32a				33	0.
	34 Subtract line 33 from	nine ZZ. This is your a	iujustea aross inco	ome	► 34	-9,277.

Form 1040 (2003)		SANDRA WELSH				- 5	:	4326	Page :
Tax and	35 Amount fr	om line 34 (adjusted gross	income)	· · · · <u>· · ·</u> · · · ·		, , , , , , ,	35		9,277.
Credits	36 a Check	You were born before	January 2, 1939,	■Blin	d. Total boxes				
	որ if: L	Spouse was born befo	re January 2, 1939), \prod Blin	d. checked 🟲				
Standard Deduction	b If you are	married filino separately a	nd vour spause itei	mizes dedi	ictions				
for -	or you wer	e a dual-status alien, see	instructions and ch	ieck here		36b /	100 Y		
 People who 	_37 Itemized ded	រេចtions (from Schedule A) or yo	ur standard deduction ((see left març	jin),		37	2.	5,210.
checked any box on line 36a or	38 Subtract li	ne 37 from line 35				. , , [38	-3.	4,487.
36b or who can	39 If line 35 is	\$104,625 or less, multiply	y \$3,050 by the tot	al number	of exemptions of	laimed I	794 (1968 II) 5 (1968 II)		
be claimed as a	∤ on line 6d.	If line 35 is over \$104,625	, see the workshe	et in the in	structions	,,	39	1	6,100.
dependent, sec	1 40 Taxable inco	me. Subtract line 39 from line 38					-0		
instructions.	31 Tan/and inch	ore than line 38, enter -0-]			, ,	40		<u>0.</u>
All others:		rs). Check if any tax is from a					41		0.
Single or Married		minimum tax (see instruc					42		
filing separately, \$4,750	43 Add lines 4	l1 and 42				►	43		0.
\$4,750	44 Foreign tax	credit. Attach Form 1116	if required	44		Į.	4 May	•	
Married filing		d and dependent care expenses. A							
jointly or		he elderly or the disabled.					3434		
Qualifying widow(er),		credits. Attach Form 8863.			+	3			
\$9,500						, a			
		savings contributions cred							
Head of household,		redit (see instructions)				ä			
\$7,000	50 Adoption ca	red <u>it. Attach Form 8839</u>		50		right (30		
	51 Credits from:	a Form 8396 b For	m 8859	51					
	52 Other credi	ts. <u>Ch</u> eck applicable box(e	s): a Form 3800			(0 (1)	A STATE OF		
	P Form	c Specify	-	52		S.			
	53 Add lines 4	4 through 52. These are ye	our total credits		_I		53		
		e 53 from line 43. If line 5					54		Ö.
	55 Self-employme	nt tax. Attach Schedule SE	2 12 more (nail title	: 43, <u>enter</u>	<u></u>		55		<u> </u>
Other		and Medicare tax on tip income					56		
Taxes		d plans, including IRAs, and other							
TUNUD	58 Advance ea	irned income credit payme	i tax-iavvieu accounts	Attach Form a	osza ii redoiren		57		
	59 Household	med income credit payme	ents from Form(s) v	74-2		· · · · · · - -			
		employment taxes. Attach					59		
	C1 Fundames 54-5	9. This is your total tax		1		· · · · · · · ·	60		0.
Payments		ome tax withheld from For					i		
If you have a	62 2003 estimated	tax payments and amount applie	d from 2002 return	62					
qualifying child, attach		me credit (EIC)							
Schedule EIC.		ecurity and tier 1 RRTA tax withh							
		hild tax credit. Attach Forr							
		ith request for extension to file (s			1		ŀ		
	67 Other pmts from	m: a Form 2439 b Fo	rm 4136 c Form	8885 67			ŀ		
	68 Add lines 61 th	rough 67. These are your total pa	yments			🟲	68		0.
Refund		re than line 60, subtract line 60 fi					69		
		ine 69 you want refunded		a		· · · · · · · · · · · · · · · · · · ·	70 a		
Direct deposit? See instructions	► b Routing num		<u>το y</u> 0α	. [_ \cdots	ecking S	avings	F20.200		
and fill in 70 b,	 d Account nur 		- с турс	ii Che	scking 5	avings 🎇			
70c, and 70d.					I	137	200		
<u></u>		69 you want applied to your 200			1	5.00 50			
Amount		we. Subtract line 68 from line 60.	,		ctions	🟲 📑	72		0.
You Owe	73 Estimated ta	x penalty (see instruction	5)	73		A 200			าง (13) ราช (15) ราช (15) ราช (15) เหมือน (15) ราช (15) ราช (15) สมาชิก (15) ราช (16) ราช (15) ราช (15)
Third Party	Do you want to at	low another person to disc	uss this return with	h the IRS	F-3				
Docionoo	\:	?		: / · · · · /	X Y			e following.	No
	Designee's ramé ► PREI	ARER		Phone na. 🗭		Pé nu	rsonal k mber (P	denlification IN)	
Sign	Inder penalties of porju	ry, I declare that I have examined rect, and complete. Declaration of	this return and accompan	ying schedule	s and statements, an	d to the best	of my k	nowledge and	
Here		rect, and complete, Declaration of	preparer (other than taxp	iayer) is based	d on all information of	which prepa	rer has	any knowledge.	
Joint return? .	Your signature	~ ~ ~	Date	Your o	ecupation		Daytin	e phone number	
See instructions,	 _		W	BAN	K REP				
Кеерасору [Spouse's signature, il	a juint return both must sign.	Date		e's occupation				ind richt stid
for your records.	<u>• </u>		U	SEA	RS STORE				
			Date				Prepar	er's SSN or PTIN	
Paid -	Preparer's LON	NY L. HYTREK			Check if self-employ	ed []		5346	
_a:u		REK & RICHINS, P	<u> </u>		Caraca v Sour-employ	I			
D. A. D. (OF MOMENT IS A						0.0	N 4 N D T E 4	
	MARGOO GARN	30 SW 4TH AVENUE,	SUITE 1			EIN		0402754	210
	‼Pcodo ONT	'ARIO, OR 97914				Phone no.	(54	1) 889-5	318

Form 1040 (2003)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040). OMB No. 1545-0074

2003

07

Name(s) shown on				Yo	ur social securi	ly number
	SA	NDRA WELSH			43	26
Medical		Caution. Do not include expenses reimbursed or paid by others.	5-63-635-6 5-63-635-6		7 377	·· ·
and Dental	1	Medical and dental expenses (see instructions)	. 1	15,82	9.	
Expenses	2	\$ 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2445	
	3		. 3		1.030	
	4	Total and the state of the stat			. 4	15,829
Taxes You Paid	5				- 1.247.06 - 1.247.06	
raiu	6			1,61	3.	
(See	7	Personal property taxes				
instructions.)	8	Other taxes. List type and amount -	2007/2018/2019 		1000	
			8		77.2	
	9	Add lines 5 through 8.			9	1,613.
Interest	10			7,615	5	
You Paid	11	Home mortgage interest not reported to you on Form 1098.	(5.5. dag) 6 (5.5. dag) 6	•		
		If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number,	1942 Page		ev charles	
		and address *	200 Media 2000 Media			
(See		Pull PANIAGO	### J			
instructions.)						
Note.			11		1329	
Personal	12	Points not reported to you on Form 1098. See instrs for spcl rules		53		
interest is		Investment interest. Attach Form 4952 if required,	- 	7,		
not deductible.		(See instrs.)	13			•
doddonbia.	14	Add lines 10 through 13	1 13 1		14	7,668.
Gifts to					635-8679	1,0001
Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	7.5		ive Begge	
		see instructions	15			
If you made	16	Other than by cash or check, If any gift of \$250 or	1 (A)		10, 10, 20, 20 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	
a gift and got a benefit		more, see instructions. You must attach Form \$283 if	ATTEMEN		77.50.40.00	
for it, see		over \$500				
instructions.		Carryover from prior year				
	18	Add lines 15 through 17.	.,,,,,,,,,,,,,		. 18	0.
Casualty and						
Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.).			. 19	0.
Job Expenses	20	Unreimbursed employee expenses — job travel, union dues,	2.500		10.00 (A)	
and Most Other		job education, etc. Attach Form 2106 or 2106-EZ if	J. Wei		3 (Call) (1) case (0) (2) case (0) (2)	
Otter Miscellaneous		required. (See instructions.)	27810		a (15%)	
Deductions					5.00 00000	
			20			
	21	Tax preparation fees	21	100		
	22	Other expenses – investment, safe deposit box, etc. List	27 (Sept. 1971)	100		
(See instructions.)	~~		17 (20 mg)		Allertonia Total California Total California	
instructions.)		type and amount	10.700		and the control of th	
			22		34.55.60	
	23	Add lines 20 through 22	23	100		
	24	Enter amount from Form 1040, line 35 24 -9, 277.	1. F 10 F		The state of the s	
	25	Multiply line 24 by 2% (.02)	25		733,300,3	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter	er -O		. 26	100.
Other	27	Other — from list in the instructions. List type and amount ►			Consider of the second of the	
Miscellaneous					The second secon	
Deductions		~~ ~~~			27	0.
Total	28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if MFS)?			 - - 	
temized		10 . 0 10 10, mile 00, 9461 #102,000 (0461 #02,700 II MICO):				
Deductions		$\overline{[X]}$ No. Your deduction is not limited. Add the amounts in the fi	ar right colur	mn ——		
		X No. Your deduction is not limited. Add the amounts in the for lines 4 through 27. Also, enter this amount on Form	1040, line 3	ij.' -	► 28 I	25,210.
		Yes. Your deduction may be limited. See instructions for the				Maria Maria Maria Maria

GENT AND SANDRA WELSH

Your social security number

		Schedule B — Interest and Ordinary Dividends			08	}
Part I Interest (See instructions for Form 1040, line 8a.)	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address LAW OFFICE US BANK	-	Am	13, (000.
Note: If you received a Form 1099-NNT. Form 1099-OLD, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on lihat form.			1			
	2	Add the amounts on line 1	2		13,0)11.
	3	Excludable interest on series FF and LUS, savinos bonds issued after 1989			,	
	4	Attach Form 8815	3 4		13.0	11 1
		If line 4 is over \$1,500, you must complete Part III.	 ~	Am	ount	<u>' </u>
Part II Ordinary Dividends (See instructions for Form 1040, line 9a.) Note, If you received a Form 1099-DIV or substitute stalement from a brokerage firm, list the firm's name as the payor and enter the ordinary dividends shown on that form.			5			
		Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	6			0.
		If line 6 is over \$1,500, you must complete Part III.				
Part III Foreign Accounts and Trusts	foreig 7a	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; on account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign At any time during 2003, did you have an interest in or a signature or other authority over a in a foreign country, such as a bank account, securities account, or other financial account?	gn tru: financ See ir	st. ial account istructions	Yes	No
(See (nstructions.)	ь 8	for exceptions and filing requirements for Form TD F 90-22.1	a fore	ign trust?		ΙΛ.

SCHEDULE C

(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2003

09

 Partnerships, joint ventures, etc, must file Form 1065 or 1065-B.
 Attach to Form 1040 or 1041.
 See Instructions for Schedule C (Form 1040). Department of the Treasury Internal Revenue Service (99)

	e of proprietor	,						umber (SSN)			
	NT WELSH					***	4	326			
Α	Principal business or profession, including	product	or service (see instructions)			B Ente	r code f	rom instructions			
	APPLIANCE SALES					► 45	2000)			
C	ľ							number (EIN), if any			
	SANDY'S APPLIANCES										
E	Business address (including suite or room no.) City, town or post office, state, and ZIP code										
F	Accounting method: (1)	Cash	(2) X Accrual (3)	Other (specify) -						
G	Did you 'materially participate' in	n the o	peration of this busine:	ss d	uring 2003? If 'No,' see instructions (or limit	on los	ses X Yes No			
Н	If you started or acquired this but	usiness	during 2003, check he	ere .				▶ 🗖			
Par	tl Income										
1	Gross receipts or sales. Caution 'Statutory employee' box on tha	. If this	s income was reported was checked, see the i	to y	ou on Form W-2 and the uctions and check here		,	277,617.			
					,		2	239.			
3								277,378.			
4					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			227,820.			
	•	•									
5	Gross profit, Subtract line 4 from	m line	3				5	49,558.			
6					dit or refund						
							Π				
7	Gross income. Add lines 5 and	6	144			►	7	49,558.			
Par	Expenses. Enter exp	enses			ome only on line 30.						
8	Advertising	8	990.	1	Pension and profit-sharing plans		19				
9	Çar and truck expenses	_	4 061		Rent or lease (see instructions):						
10	(see instructions)	10	4,361.	1	a Vehicles, machinery, and equipme		20 a	17 400			
IU	Commissions and fees	10			b Other business property		20 ь	17,400.			
11	Contract labor (see instructions)	,,			Repairs and maintenance		21 22	3,525. 3,776.			
19	Depletion	11		22 23	Supplies (not included in Part III). Taxes and licenses		23	290.			
	Depreciation and section	12			Travel, meals, and entertainment:		7.5	230.			
•	179 expense deductioл			l	a Travel		24 a				
	(not included in Part III) (see instructions)	13					2-764				
1.0	•	1			b Meals and entertainment						
14	Employee benefit programs (other than on line 19)	14									
	Insurance (other than health)	15	2,292.		c Enter nondeductible amount included on						
16	Interest:	Agil 7			line 24b (see instrs)						
а	Mortgage (paid to banks, etc)	16 a	10,094.		Subtract line 24c from line 24b		24d				
Ь	Other	16 b	15,410.	25	Utilities		25	3,336.			
17	Legal & professional services	17		26	Wages (less employment credits) .		26				
18	Office expense	18	444,	27			27	26,008.			
28	Total expenses before expenses	for bu	isiness use of home. A	dd li	nes 8 through 27 in columns	►	28	87,926.			
	7										
29							29	-38,368.			
30							30				
31	Net profit or (loss). Subtract line				\neg						
	• If a profit, enter on Form 1040 employees, see instructions). Es	, lin e 1 tates a	2, and also on Sched und trusts, enter on For	ile S m 1	E, line 2 (statutory		31	-38,368.			
	• If a loss, you must go to line 3										
32	If you have a loss, check the box	that d	lescribes your investme	ent ii	t this activity (see instructions).						
	 If you checked 32a, enter the I (statutory employees, see instruction) 	oss on tions).	Form 1040, line 12, an Estates and trusts, en	nd a iter o	iso on Schedule SE, line 2 on Form 1041, line 3.	L	32 a	All investment is X at risk.			
	If you checked 32b, you must	attach	Form 6198.				32 b	Some investment is not at risk.			

	edule C (Form 1040) 2003 GENT WELSH		4326	Page 2
	**************************************	حامیم م		
		•	nauon <i>)</i>	
54	Was there any change in determining quantities, costs, or valuations between opening and closing inventory if 'Yes,' attach explanation	? 		∭No
35	Inventory at beginning of year. If different from last year's closing inventory, atlach explanation	35	1.8	3,000.
36	Purchases less cost of items withdrawn for personal use	36	219	,820.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40	237	7,820.
41	Inventory at end of year	41	10	0,000.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	227	,820.
	Information on Your Vehicle. Complete this part only if you are claiming car or truck expensive definition of the Form 4562 for this business. See the instructions for line 13 to find out if you must find the form 4562 for this business.			
43	When did you place your vehicle in service for business purposes? (month, day, year) *	·		
	Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your ve		or:	
٠	Business b Commuting cOther			
45	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
46	Was your vehicle available for personal use during off-duty hours?		Yes	No
47 a	Do you have evidence to support your deduction?		Yes	No
	If 'Yes,' is the evidence written?	- 1 + 1 7	Yes	No
är	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
EΕ	STATEMENT 1	İ		
				•
		+		
 -	· ·			
18	Total other expenses. Enter here and on page 1, line 27	48	26	,008.

SCHEDULE C

Profit or Loss From Business (Sole Proprietorship)

ОМВ Na. 1545-0074	
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2003

(Form 1040)

Department of the Treasury Internal Revenue Service

(99)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B. ► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

09

	e of proprietor						_	curity number (SSN)			
	NT WELSH						43				
А	Principal business or profession, including	product or se	ervice (see instructions)			_	Enter code from instructions				
	PHONE CARDS SALES Business name. If no separate business na	1					9999	ımber (EIN), if any			
Ų.	TELEKING	ime, leave bi	а пк.			D Emb	ioyer ib ni	imper (EIN), II any			
						<u> </u>					
	Business address (including suite or room of City, town or post office, state, and ZIP coo	le									
F					Other (specify)			- 			
G					uring 2003? If 'No,' see instructions f						
H		ısiness du	uring 2003, check he	re.			<u> </u>	·····			
Par	t Income										
1	Gross receipts or sales. Caution 'Statutory employee' box on that	ı. If this in t form wa:	icome was reported s checked, see the i	to y nstri	ou on Form W-2 and the uctions and check here		1	3,044.			
2							2				
3							3	3,044.			
4	Cost of goods sold (from line 42	on page	2)		, , , , . , ,		4	2,408.			
_	A CONTRACT						_	636.			
5	•				dit or refund			38,397.			
6	Other income, including recerai	and state	e gasoline or ruel tax	ccre	all or reland		 	30,331.			
7	Gross income Add lines 5 and	6				F	7	39,033.			
	Expenses. Enter exp					1,	<u> </u>				
8	Advertising		48.		Pension and profit-sharing plans		19				
9	Car and truck expenses			20	Rent or lease (see instructions):		A A				
•	(see instructions)	9			a Vehiclos, machinery, and equipme	nt	20 a				
10	Commissions and fees	10		Į	b Other business property		20Ъ				
11	Contract labor			21			21				
	(see instructions)	11	115	22	Supplies (not included in Part III).		22				
12	Depletion.	12		23			23				
13	Depreciation and section 179 expense deduction				Travel, meals, and entertainment: Travel		24a				
	(not included in Part III) (see instructions)	13	1,714.		1	,	270				
	· ·	- <u>'-</u> -	1,,11.		b Meals and entertainment						
14	Employee benefit programs (other than on line 19)	14									
15	Insurance (other than health)	15			c Enter nondeductible amount included on						
16	Interest:	Acceptances			line 24b (see instrs).						
a	Mortgage (paid to banks, etc)	16 a			d Subtract line 24c from line 24b		24 d				
	Other	16b	4,594.		Utilities		25				
	Legal & professional services	17			Wages (less employment credits) .		26	16 000			
18	Office expense	18	^ ^	27	Other expenses (from line 48 on page 2)		27	16,000. 22,356.			
28	total expenses before expenses	i for busin	iess use of nome. A	اا ۵۵	nes 8 through 27 in columns		20	22,330.			
29	Tentative profit (loss). Subtract I	ine 28 fra	.m line 7		141111777111111171717171717171717171717		29	16,677.			
30					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30				
31	Net profit or (loss). Subtract line										
	• If a profit, enter on Form 1040	l. line 12.	and also on Schedu	ule S	E. line 2 (statutory						
	employees, see instructions). Es	tates and	trusts, enter on For	ті 1	041, line 3.		31	16,677.			
_	• If a loss, you must go to line 3										
32	If you have a loss, check the box	that des	cribes your investme	ent i	n this activity (see instructions).	_					
	 If you checked 32a, enter the (statutory employees, see instruction) 	loss on Fe ctions). E	<mark>orm 1040, line 12,</mark> a states and trusts, er	nd a	Iso on Schedule SE, line 2 on Form 1041, line 3.		32 a [All investment is at risk.			
	• If you checked 32b, you must	attach Fo	ırm 6198.				32b \	Some investment is not at risk.			

	C (Form 1040) 2003 GENT WELSH	37, 37	4326	Page 2
Partill				
	nod(s) used to value closing inventory: a Cost b Lower of cost or market c Oth		anation)	
34 Was If 'Y	there any change in determining quantities, costs, or valuations between opening and closing es,' attach explanation	inventory?	, □Ye	s No
35 Inve	ntory at beginning of year. If different from last year's closing inventory, ch explanation	35		18,329.
36 Purc	chases less cost of items withdrawn for personal use			-2,106.
37 Cos	of labor. Do not include any amounts paid to yourself	37	<u> </u>	
38 Mate	rials and supplies	38		
39 Otho	r costs	39		
40 Add	lines 35 through 39	40	-	16,223.
41 Inve	ntory at end of year	41		L3,815.
42 Cos	of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		2,408.
Part IV		k expenses on l	line 9 and ar n 4562.	e not
43 Whe	n did you place your vehicle in service for business purposes? (month, day, year)	·		
44 Of th	e total number of miles you drove your vehicle during 2003, enter the number of miles you use ness b Commuting c Other	_	or:	
45 Doy	ou (or your spouse) have another vehicle available for personal use?		Ye	s No
46 Was	your vehicle available for personal use during off-duty hours?		Ye	s No
47 a Do y	ou have evidence to support your deduction?		<u></u> Ye	s 🗌 No
b If 'Y∈	s,' is the evidence written?	,	\ \ Ye	s No
Part V	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
AMORTI	ATION			960.
BAD DE	BTS FROM SALES OR SERVICE		101 10	2,040.
CORREC'	TION TO 1099			3,000.
		· 		
- -		· — — — — -		
				·
				···
48 Total	other expenses. Enter here and on page 1, line 27.	48	1	.6,0 <u>00.</u>

SCHEDULE D

(Form 1040)

Capital Gains and Losses

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040). ► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2003

12

Department of the Treasury Internal Revenue Service (Name(s) shown on Form 1040

(99)

Your social security number

(a) Description of property (Exemple: (b) Date acquired (Mo, day, yr) (c) Date sold (Mo, day, yr) (d) Seles price (see instructions) (e) Cost or other basis (see instructions) (f) Gain or (loss) for the entire year subtract (e) From (d) (g) Post-May or (loss) for the entire year subtract (e) From (d) (g) Post-May or (loss) for the entire year subtract (e) From (d) (g) Post-May or (loss) for the entire year (g) Post-May (see below (g) Post-May (go Example: (loss) for the entire year (g) Post-May (see below (g) Post-May (see below)	GENT AND SANDE						4.7	43 26		
(c) Description of processory (Expendicularly 100 (b), day, yr) (b), day, yr) (d) (d) seles price processory (Expendicularly 100 (d)) (d) and or (dose) for the entire price price price price processory (Expendicularly 100 (d)) (d) and or (dose) for the entire price pric	Part I Short-	Term Capital	Gains and	Losses – Assets	Held One Ye	ar or	Less			
2 Enter your short-term totals, if any, from Schedule O-1, line 2 3 Total short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 5 Not short-term gain from Form 6252 and short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(S) K-1 7 a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0. Do not enter more than zero. blet short-term capital loss carryover Worksheet C) Debrespion or (loss) from partnerships, S corporations, estates, and trusts from Schedule (S) K-1 10 Total long-term Capital Gains and Losses — Assets Held More Than One Year (a) Deteroption or (b) Debt squires (C) Debt soid (d) Sales prize (eas instruction) (d) Gains of Debt (R), day, yi) (R), day, yi) (R), day, yi) (R), day, yi) (R), day, yii) (R), day, yi	(a) Description of	(b) Date acquired	(C) Date sold	(d) Sales price	(c) Cost or other	basis	(f) Gain or (loss) for the entire year	(g) Post-May 5 gain or (loss)* (see below)		
Total short-term sales price amounts. Add lines 1 and 2 in column (d). Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824. Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet. Ta Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0- Do not enter more than zero. Net short-term capital gain or (loss). Combine lines 1 through 6 in column (g). In column (g). Description of the state of through 5 in column (g). If the result is a loss, enter the result. Ta Column (g). Description of through 5 in column (g). If the result is a loss, enter the result. Ta Column (g). Description of through 5 in column (g). Description	1							,		
Total short-term sales price amounts. Add lines 1 and 2 in column (d). Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824. Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet. Ta Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0- Do not enter more than zero. Net short-term capital gain or (loss). Combine lines 1 through 6 in column (g). In column (g). Description of the state of through 5 in column (g). If the result is a loss, enter the result. Ta Column (g). Description of through 5 in column (g). If the result is a loss, enter the result. Ta Column (g). Description of through 5 in column (g). Description										
Total short-term sales price amounts. Add lines 1 and 2 in column (d). Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824. Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet. Ta Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0- Do not enter more than zero. Net short-term capital gain or (loss). Combine lines 1 through 6 in column (g). In column (g). Description of the state of through 5 in column (g). If the result is a loss, enter the result. Ta Column (g). Description of through 5 in column (g). If the result is a loss, enter the result. Ta Column (g). Description of through 5 in column (g). Description										
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5 Net short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet. 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet. 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet. 7 Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0. Do not enter more than zero. Dent short-term capital gain or (loss), Combine lines 1 through 6 in column (f). 8 Description of property Carameter (Mo, day, yo) (d) Sales price property Carameter (Mo, day, yo) (d) Sales price (e) Cost or other basis (or the entire year subtract (o) from (d) (do, day, yo) (dee instructions) (b) Date acquired (of) Sales price (e) Cost or other basis (or the entire year subtract (o) from (d) (do, day, yo) (dee instructions) (d) Sales price (e) Cost or other basis (or the entire year subtract (o) from (d) (d) Sales price (e) Cost or other basis (or the entire year subtract (o) from (d) (d) Sales price (e) Cost or other basis (or the entire year subtract (o) from (d) (d) Sales price (e) Cost or other basis (or the entire year subtract (o) from (d) (d) Sales price (e) Cost or other basis (or other basis (or or other basis (or other basis	3 Total short-term	sales price amo	ounts.					77E		
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet 7 a Combine lines 1 through 5 in column (g), if the result is a loss, enter the result. Otherwise, enter -0 - Do not enter more than zero. bNet short-term capital gain or (loss). Combine lines 1 through 6 in column (f). b -1,176. Pairt.lt. Long-Term Capital Gains and Losses — Assets Held More Than One Year (G) Description (Me. day, yr) (G) Description (Me. day, yr) (No. day, yr) (No	4 Short-term gain f	rom Form 6252	and short-term	gain or (loss) from f	orms 4684,	1				
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet. 7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0. Do not enter more than zero. 5 bNet short-term capital gain or (loss). Combine lines 1 through 6 in column (f). 6	5 Net short-term ga	ain or (loss) fror	n partnerships.	S corporations, esta	tes, and trusts					
7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0. Do not enter more than zero. Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f). Part III Long-Term Capital Gains and Losses — Assets Held More Than One Year (a) Description of progressity (Evample) (b) Date sequence (c) Date sold (Mo, day, yr) (Mo, day,	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your									
bNet short-term capital gain or (loss). Combine lines 1 through 6 in column (f). Part Its Long-Term Capital Gains and Losses — Assets Held More Than One Year (a) Description of property (Example: ONO, day, yr) (b) Date sequired (b) One sequired (Mo, day, yr) (b) Column of Mo, day, yr) (c) Date spice (see instructions) 8 ASAF PROFUND 10/23/01 6/17/03 2,729. 3,557. —828. 9 Enter your long-term totals, if any, from Schedule D-1, line 9. 9 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d). 10 2,729. 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824. 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule (s) K-1. 13 Capital gain distributions. See Instrs. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet.								0 .		
(a) Description of property (Example): (b) Date acquired (Mo, day, yr) (bNet short-term ca	pital gain or (lo	ss). Combine li	nes 1 through 6 in co	olumn (f)	Ь	-1,176.	Well Navigues as Year (1981)		
property (Example: 100 shares XYZ Co) (Mo, day, yr) (Mo, day, yr) (we instructions) (see instructions) (or the entire year or (dos)) (see below 100 shares XYZ Co) 10/23/01 6/17/03 2,729. 3,557828	Part I Long-T	erm Capital	Gains and L	.osses – Assets	Held More Th	an O	ne Year			
9 Enter your long-term totals, if any, from Schedule D-1, line 9 9 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	property (Example:				(e) Cost or other I (see instruction	basis (5)	for the entire year	(g) Post-May 5 gain or (loss)* (see below)		
9 Enter your long-term totals, if any, from Schedule D-1, line 9. 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d). 10 2,729. 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 469Å, 6781, and 8824. 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. 13 Capital gain distributions. See instrs. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet.	8 ASAF PROFU		6/17/02	2 720	3	E E 7	_020	-828.		
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12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1. 13 Capital gain distributions. See instrs. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet. 14			<u> </u>		252; and	11	Samuradiano e e e e e e e e e e e e e e e e e e e	130,010		
13 Capital gain distributions. See instrs. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet. 14 Long-term capital loss carryover.	12 Net long-term gai	n or (loss) from	partnerships, \$	S corporations, estate	es, and		•••			
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet										
2002 Capital Loss Carryover Worksheet	. , .					13				
15 Compane lines a through 15 in column (g), it zero or less, enter -U	2002 Capital Loss	Carryover Work	ksheet					0.		
	15 Combine lines & L	nrough 13 in co	iumn (g). If zef	o or iess, enter -U-,		15				
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)	- 1	•	s). Combine lin	es 8 through 14 in co	olumo (f)					

Schedule D (Form 1040) 2003 GENT AND SANDRA WELSH	4326	Page 2
Rartillia Taxable Gain or Deductible Loss		
17a Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below.	17a	-2,004.
b Combine lines 7a and 15. If zero or less, enter -0 Then complete Form 1040 through tine 40	17Ы	0.
Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.	12.00	11 11 27 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28
18 If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see instructions)	18	-2,004.
Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete Part IV below (but skip lines 19 and 20). • Otherwise, skip Part IV below and complete the rest of Form 1040.	AND LOCAL	e produce Participant

	then complete Part IV below (but skip lines Otherwise, skip Part IV below and complete		7. to 11.1. bug 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Рa	tt IV 🚟 Tax Computation Using Maximum	Capital Gains Rates		,	,
	If line 16 or line 17a is zero or less, skip lines 19 ar	nd 20 and go to line 21. Othe	rwise, go to line 19.	• •	
19	Enter your unrecaptured section 1250 gain, if any,	from line 18 of the worksheet	in the instructions	19	
20	Enter your 28% rate gain, if any, from line 7 of the	worksheet in the instructions		20	
	If lines 19 and 20 are zero, go to line 21. Otherwise and 53 below, and skip all other lines below.				t to enter on lines 35
21				21	
22	Enter the smaller of line 16 or line 17a, but not less			1	
	Enter your qualified dividends from Form 1040, line				
	Add lines 22 and 23				
	Amount from line 4g of Form 4952 (investment inte				
	Subtract line 25 from line 24. If zero or less, enter	•		26	
	Subtract line 26 from line 21. If zero or less, enter			27	-
	Enter the smaller of line 21 or:			8500	
	• \$56,800 if married filing jointly or qualifying wid	ow(er);		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	 \$28,400 if single or married filing separately; or 		28	计数量	
	 \$38,050 if head of household 		1. X. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	If line 27 is greater than line 28, skip lines 29 throu				
	Enter the amount from line 27		29		
	Subtract line 29 from line 28, If zero or less, enter -		30		
	Add lines 17b and 23*		AND THE PROPERTY OF THE PARTY O		
32	Enter the smaller of line 30 or line 31		32		
33	Multiply line 32 by 5% (.05)	gh 39 and go to line 40.		33	
34	Subtract line 32 from line 30		34		
	Enter your qualified 5-year gain, if any, from line 8 of the worksheet in the instructions				
	Enter the smaller of line 34 or line 35		36	1100	
37	Multiply line 36 by 8% (.08)			37	
38	Subtract line 36 from line 34		38	100	
39	Multiply line 38 by 10% (.10)	gh 49 and go to line 50.	. *	39	
40	Enter the smaller of line 21 or fine 26		40		
41	Enter the amount from line 30 (if line 30 is blank, er	nter -0-)	41	The state of the s	
42	Subtract line 41 from line 40		42	The second of th	
43	Add lines 17b and 23*	43	0.644	Lia, Maki	
44	Enter the amount from line 32 (if line 32 is blank, enter -0-)	44		of a carer is \land \chi \chi \chi \chi \chi \chi \chi \chi	
45	Subtract line 44 from line 43	45		Third Mort Co. Third Shippers Third Co. Third Co. Third Co.	
46	Enter the smaller of line 42 or line 45	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	46	705 (1057) 703 (1067)	
47	Multiply line 46 by 15% (.15)		,,	47	
48	Subtract line 46 from line 42		48	ne Australië Companyens	
19	Multiply line 48 by 20% (.20)		. 43 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	49	
50	Figure the tax on the amount on line 27. Use the Ta	ix Table or Tax Rate Schedul	es, whichever applies	50	
	Add lines 33, 37, 39, 47, 49, and 50			51	
52	Figure the tax on the amount on line 21. Use the Ta	x Table or Tax Rate Schedul	es, whichever applies	52	
53	Tax on all taxable income. Enter the smaller of line	51 or line 52 here and on Fo	orm 1040, line 41	53	

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

ldentifying number

2003

27

Department of the Treasury Internal Revenue Service

► Attach to your tax return. See separate instructions.

Name(s) shown on return

GENT AND SANDRA WELSH

- 43-4326

Enter the gross proceeds from sales or exchanges reported to you for 2003 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)...... Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft — Most Property Held More Than 1 Year (See instructions.)

	inan casi	alty or There	- most Prop	erty neia im	ore inan i tea	r (See ins	truct	ions.)	
2	(a) Description of property	(b) Date acquired (month, day, year)	(C) Date sold (month, day, year)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of s	s and	(g) Gain or (loss) for entire year Subtract (f) from the sum of (d) and (e)	(h) Post-May 5, 2003, gain or (loss)* (see below)
POI	NTS ON REFINA	NCE						Į.	
		10/15/98	3/03/03		124.	8	35.	-711.	
3	Gain, if any, from Fo	orm 4684, line 39) , , . , .	.,,			3		
4	Section 1231 gain fr	om installment s	ales from Form 6	5252, line 26 or	37	[4		
5	Section 1231 gain o	r (loss) from like	-kind exchanges	from Form 882	24	, . ,	5		
6	Gain, if any, from lir	ne 32, from other	than casualty or	rtheft	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , [6		
7	Combine lines 2 throappropriate line as t	ough 6 in column	s (g) and (h). Er	nter the gain or	(loss) here and or		7	-711.	•
	Partnerships (exception following the instruction Skip lines 8, 9, 11, and 11, and 12, and 12, and 12, and 13, and 13, and 14,	ot electing large tions for Form 10 and 12 below.	partnerships) an 065, Schedule K,	d S corporation line 6, or Form	ns. Report the gain n 1120S, Schedule	or (loss) K, line 5.		- 13 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
	All others. If line 7, lines 8, 9, and 12. If 1231 losses, or they as a long-term capit	line 7, column (were recaptured	g) is a gain and ; I in an earlier vea	you did not hav ar, enter the ga	ve any prior year so ain or (loss) in each	nd skip ection n column			
8	Nonrecaptured net s	ection 1231 loss	es from prior yea	ars (see instruc	tions)	<i>.</i> [8		
9	Subtract line 8 from column (g) is zero, e is more than zero, e gain or (loss) in eac	line 7, If line 9, enter the gain fro nter the amount h column of line	column (g) is zer om line 7, column from line 8, colu 9 as a long-term	o or less, ente (g) on line 12 mñ (g) on line capital gain oi	r -0- in column (g), below. If line 9, co 12 below and inclu r (loss) on Schedul	, tf line 9, blumn (g), ide the e D	0		

"Corporations (other than S corporations) should not complete column (h). Partnerships and S corporations must complete column (h). All others must complete column (h) and if the 7, column (g), is a gain and the amount, if any, on line 8, column (g), does not equal or exceed the gain on line 7, column (g). Include in column (h) all gains and losses from column (g) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain.

Part II Ordinary Gains and Losses

10	Ordinary gains and losses n	ot included on lines 11	through 17 (inclu	de property held	l 1 year o	r less):				
									i de la compa	
							1 1 11			M
			<u> </u>	1						
11	Loss, if any, from line 7, col-	umn (g)	,			11	-711.	- 1 Table 1		
12		 -				12		0.001 (0.000) 0.001 (0.000)	i de la company	
13						The ship of the ship of				
14	Net gain or (loss) from Form				market (
15	Ordinary gain from installme									
16	Ordinary gain or (loss) from									
17	Recapture of section 179 expense de 2002-2003 fiscal year partnerships a	duction for partners and S co nd S corporations (see instru	orporation shareholden actions)	s for property disposi	itions from	17				
18	Combine lines 10 through 17. Enter	the gain or (loss) here and or	the appropriate line :	as follows		18	-711.	Jagare	4	
2	a For all except individual returns. I	inter the gain or (loss) from t	line 18 on the return t	eing filed.		and the state of t				
i	b For individual returns:					200			(MANAGE)	
	(1) If the loss on line 11 inc part of the loss here. En Schedule A (Form 1040)	ter the part of the loss. I line 27, and the part of	from income-pro of the loss from a	ducing property or property used as	on an	1				
	employee on Schedule A	A (Form 1040), line 22.		Form 4/9/, line	186(1).'	18b (1)				
	(2) Redetermine the gain or here and on Form 1040.		ding the loss, if a	my, on line 18b(1). Enter	186 (2)	-711.			

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return. OMB No. 1545-0172

2003

Name(s) shown on return

GENT AND SANDRA WELSH

identifying number

Business or activity to which this form relates SCHEDULE C - SANDY'S APPLIANCES Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See instructions for a higher limit for certain businesses..... \$100,000 2 Total cost of section 179 property placed in service (see instructions) \$400,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7....... Tentative deduction. Enter the smaller of line 5 or line 8...... 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11... Carryover of disaflowed deduction to 2004. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Rart No. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions)..... Property subject to section 168(f)(1) election (see instructions)..... 15 16 Other depreciation (including ACRS) (see instructions)... Rattellis MACRS Depreciation (Do not include listed property.) (See instructions) Section A If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here..... Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System (C) Basis for depreciation (g) Depreciation (a) Classification of property (d) Month and (d) (e) (business/investment use year placed in service Recovery period Convention 19a 3-year property..... b 5-year property c 7-year property. d 10-year property. e 15-year property. f 20-year property. 25 yrs S/L g 25-year property... 27.5 yrs MM S/L h Residential rental 27.5 yrs property..... MM S/L 39 yrs MM S/L i Nonresidential real MM S/L Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System S/L **20 a** Class life...... S/L 12 yrs

the portion of the basis attributable to section 263A costs

Listed property. Enter amount from line 28

For assets shown above and placed in service during the current year, enter

Part V Summary (see instructions) 40 yrs

MM

S/L

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, and Section R, and Section R, and Section R, and Section R.

		(a) through (c									onponeo	-, 00111 3 011	310 7119	• , -	
		on A — Deprec						_						}	
_24	a Do you have eviden						X Yes	Ш.,		If 'Yes,' is	the evidence	e written?	<u> </u>	X Yes	No
т	(a) ype of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	Cos other	tor	(busin	(e) for depreci ess/investr use only)	alion ment	(f) Recove period		(g) Method/ onvention		(h) reciation duction	\$ec	(i) lected tion 179 cost
25	Special deprec	iation allowand 50% in a qual	e for qualified	listed pr	operty pl	laced in	service	durir	ng the ta	x year a	nd 25			3.04	
26	Property used (*	.,, ===			98570080000	NUMBER OF STREET
	98 FORD NA		90.00												
27	Property used 5	0% or less in a	l qualified bus	iness us	e (see in	I Istructio	ns):	!					*****		
			ļ			ļ									
						-									
20	Add amount in)				: 21		1		Loo				
. 29	Add amounts in		_				-						0 29	 designation at the 	0.
	Add amounts in	r columnit (1), iiii			B – Info								.,, 23	'	
	nplete this section our employees, fi		sed by a sole	proprieto	or, partne	er, or ot	her 'mo	re tha	an 5% ov						
30	Total business/investment miles driven during the year (do not include commuting)		Veh	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) hicle 4	(e) Vehicle 5		e 5 Vehicle		
21	miles - see ins	-			5,473			-		. .		 			
31	Total commuting mi Total other pers		•	·				<u> </u>				+			
JZ	miles driven	·········			608										
33	Total miles driven during the year. Add lines 30 through 32				6,081										
	_			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty (Х											
35	Was the vehicle than 5% owner	used primarily or related pers	by a more on?	Х											
36	Is another vehic personal use?	le available for		Х											
	1		– Questions	for Emp	oloyers V	Vho Pro	vide Ve	hicle	s for Us	by The	ir Emplo	yees			
Ansv 5% (ver these question where the property of the p	ns to determine persons (see i	e if you meet : nstructions).	an excep	otion to c	ompleti	ng Sect	ion B	for vehi	cles use	d by emp	loyees	who are	not mo	re than
	Do you maintain	a written polic	y statement (h	at prohi	bits all p	ersonal	use of	vehic	les, inclu	iding cor	nmuting,			Yes	No
38	by your employed Do you maintain	a written polic	v stalement th	iat nrohi	bits pers	onal us	e of veh	icles	excent	commuti	ina. hv vo	our		•	
39	employees? See Do you treat all	e instructions fo	r vehicles use	d by cor	porate o	fficers,	director	s, or	1% or m	ore own	ers				
40															
-	Do you provide a vehicles, and re-	tain the informa	ation received:	?											ļ
	Do you meet the Note: If your ans	swer to 37, 38,												Establishes	RAYAN SA
Par	t VI Amortiz	zation				,			1						
	Desc	(a) ription of costs		Date ar	(b) nortization egins		(c) Amortizabl amount	la		(d) Code section	Amo pe	(e) ortization ortiod or centage	, A	(f) Amortization for this year	ιι ·u
4 2	Amortization of	costs that begin	ns during your	2003 ta	x year (s	ee inst	ructions	<u>):</u>							
	NTS ON REF				03/03			137.		461		15			63 <u>.</u>
43	Amortization of	costs that ben	an before voii	2003 ta	x vear				1		<u> </u>	. 43		•	
44	Total. Add amo	-	-		-							44	1		63.

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

QMB No. 1545-0172

2003

67

Department of the Treasury Internal Revenue Service

Name(s) shown on return GENT AND SANDRA WELSH Identifying number 4326

Quainess or activity to which this form relates

SCREDIII E	T.	(POTNTS)

SCI	HEDULE A (POINTS)							
		ense Certain I	Property Under Sec	ction 179				
L-::	tili Election To Exp Note: <i>If you have a</i>	ny listed property,	complete Part V before	you complete f	Part I.			
1	Maximum amount. See ins						1	\$100,000.
2	Total cost of section 179 p	_					2	
3	Threshold cost of section 3		•	•			3	· ·
4	Reduction in limitation. Su	· · · ·					4	-
5	Dollar limitation for tax yea						一	"
•	separately, see instruction	5		:43, ENCC -0 N			5	
6		Description of property		(b) Cost (business			ıt	To the second second second
								And the second s
7	Listed property. Enter the	amount from line :	29		. 7			
8	Total elected cost of section						8	
9	Tentative deduction, Enter						9	
10	Carryover of disallowed de						10	
11	Business income limitation						11	
	Section 179 expense dedu						12	
	Carryover of disallowed de						, , <u>, , , , , , , , , , , , , , , , , ,</u>	
	: Do not use Part II or Part				1 14		•	Para standardina companya and control companya e
	t II Special Depreci		 		at include	a listed property)		
an der bereite	Special depreciation allows						Ϊ	
14	tax year (see instructions).	ance for qualified	ргорану (ошеншанны	.ca property) pia		sivice daining tree	14	i
15	Property subject to section						15	1
	Other depreciation (including						16	48.
	tilli MACRS Deprec						<u></u>	1.1
		<u></u>	Section		 			- ···
17	MACRS deductions for ass	ets placed in serv					17	
18	If you are electing under se						****	
	one or more general asset	accounts, check h	<u> tere</u>			🟴 📗		
	Section B -	- Assets Placed I	n Service During 2003	Tax Year Using 1	the Gene	ral Depreciation	Sys	tem
	(a)	(b) Month and	(C) Basis for depreciation (business/investment use	(d)	(e) Conver			(g) Depreciation deduction
	Classification of property	year placed in service	only see instructions)	Recovery period	Çülivel	ILION MEDICO		ффасты
19 a	3-year property							
t	5-year property							
	7-year property				ł			
	l 10-year property						"	
	15-year property	ALC: TAKE			ļ			
f	20-year property	Confidence of the second of th						
ç	25-year property	AND THE STATE OF T		25 yrs		S/L		
	Residential rental			27.5 yrs	Mì	1 \$/L		
	property			27.5 yrs	MN	1 S/L		
i	Nonresidential real			39 yrs	MM			
-	property				MM			
	· · · · · · · · · · · · · · · · · · ·	Assets Placed in	Service During 2003 Ta	ax Year Using th				/stem
20 s					T	S/L		
	12 year.			12 yrs	T	S/L		
	40-year	(1844) (1845年) (1845年) (1845年) (1845年) (1844) (1844) (1844) (1844) (1844) (1844) (1844) (1844) (1844) (1844)	E 11 1	40 yrs	MN			
	t V S Summary (see ins	tructions)		40 ATO	1 644			
	Listed property. Enter amo		<u>.</u>				21	
	Total. Add amounts from line 12,				e and on H			
	of your return, Partnerships and S	corporations — see in	structions		- and on the	to white chieft inter	22	48.
۷3	For assets shown above an	iu piaceu III selVic	.e ourng me conem ye	er, enter	22			

Page 2

Part Vi Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		(a) modgii (c)		<u> </u>				,	,- · · · · ·							
		n A – Depreci														
_24	a Do you have evidence		ısiness/investme	nt use clair	ned?	<u> </u>	Yes		No 2	45 If	Yes, is ti	re evidend	e written?		Yes	No
ا 	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos other	lor	(busin	(e) for depreci ess/invest use only)	iation ment	Re	(f) covery ariod	M	(g) lethod/ nvention	Оер	(h) reciation duction	E sec	(i) lected tion 179 cost
25	Special deprecia used more than	ation allowance 50% in a qual	for qualified ified business	listed pr use (see	operty p e instruc	laced in tions)	service	duri	ng the	tax	year and	d 25				
_26	Property used n	nore than 50%	<u>in a qualified</u>	busines	s use (se	e instru	ictions)	:								
·						<u> </u>										
						<u> </u>										
~		DOC I				<u> </u>			L							
	Property used 50	u% or less in a	qualified bus	iness us	e (see in	istructio T	ns):								8290252	99978390008985985
					•											#. 17 TO
28	Add amounts in	column (h), lin	es 25 through	27. Ente	er here a	and on I	ine 21.	page	1			. 28	 			
	Add amounts in													29	9	<u> </u>
				Section												
Con	oplete this section	for vehicles us	ed by a sole	proprieto	or, partne	er, or ot	her 'mo	re tha	an 5%	own	er," or re	elated p	erson. f	f you pr	rovided v	ehicles
to y	our employees, fir	st answer the d	questions in S	Section C	to see i	f you m	eet an	excep	tion t	о соп	npleting	this se	ction for	those	vehicles.	
30	Total business/id	ovestment mile	s driven	1	a)		b)		(c)		-	d)	1	e)	1	n
	during the year of miles — see inst	(do not include	commuting	Veh	icle 1	Vehi	icle 2	<u> </u>	ehicle/	e 3	Vehi	cle 4	Vehi	icle 5	Vehi	icle 6
37								1							-	
	Total other person	-	-	-				 					<u> </u>			
يدب	miles driven	التالوغالمان المان														
33	Total miles drive lines 30 through	n during the ye	ear. Add					ļ								
	mes oo moqui	Q2		Yes	No	Yes	No	Ye	- 1	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty h	available for policurs?	ersonal use								103		103		1.05	
35	Was the vehicle than 5% owner o	used primarily or related perso	by a more													
36	Is another vehicl personal use?										<u>, ,</u>					
		Section C	Questions	for Emp	loyers V	Vho Pro	vide Ve	hicle	s for	Use b	y Their	Emplo	yees			
Ansv 5 % d	ver these question owners or related (ns to determine persons (see in	if you meet istructions).	an excep	ition to c	ompleti	ng Sect	ion E	for v	ehicle	es used	by emp	loyees v	vho are	not mo	re than
37	Do you maintain by your employed	a written policy	/ statement t	nat prohil	bits all p	orsonal	use of	vehic	tes, ir	ncludi	ng com	muting,			Yes	No
38	Do you maintain employees? See						e of veh	iicles s. or	, exce	ept co	mmutin	g, by yo	our			
39	Do you treat all u															
40	Do you provide m	nore than five v	ehicles to vo	ur emplo	vees, ob	tain info	ormatio	n fror	n vou	r emr	lovees	about ti	he use c	f the		
41	Do you meet the Note: If your ans	requirements of wer to 37, 38,	oncerning qu 39, 40, or 41	ialified at	utomobil da not c	e demo. omplete	nstratio Sectio	n use n B f	? (se or the	e inst	ructions red veh	i) icles.				
Pai	t∛VI⊘ Amortiz														F 3-10 (1-1-2007)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		(a)		(b)		(c)			(0	i)		(e)		(f)	
	Descri	ption of costs			ortization gins	'	desitroma amount	le		Co sec	de lion	. pe	rtization riod or centage		Amortization for this year	
42	Amortization of c	osts that begin	s during you	2003 ta:	x year (s	ee instr	uctions):								
									1							
A^	A			. 0000		l			1			. 1.	1 4	<u> </u>		
43 44	Amortization of o	-	=		_			• • • •					43			<u>5.</u>

2003

4/12/04

FEDERAL STATEMENTS

PAGE 1

CLIENT 7720

GENT AND SANDRA WELSH



STATEMENT 1 - APPLIANCE SALES SCHEDULE C, PART V OTHER EXPENSES

ACCOUNTING	\$	826.
AMORTIZATION		63.
BANK CHARGES		2.341.
DELIVERY AND FREIGHT		5,416.
DUES AND SUBSCRIPTIONS		210.
FUEL.		2,888.
INSTALLATIONS		4.158.
LICENSES		53.
SNOW REMOVAL		300.
CMADACH		5 24R
		3 505
TELEPHONE	_	2,303.
TOTAL	· <u>꼭</u>	<u> </u>

1030	1	1	-17-	'nΑ
1000	- 1	4	- 1/-	υJ

FORM 40 TC4003-1

IDAHO INDIVIDUAL INCOME TAX RETURN

2003

9-25-												
AME	ENDED R	ETUR	N, check the box	• 🔲				\top				
			r the reasons for er the number	•				-	A F	₹F	W	M
For	calendar	year 2	2003, or fiscal year begin	nnina	. enc	lina						
			rst name and initial			name		Your Sc	cial Securi	ty Numbe	r (require	3d)
		GEN'	Γ		WE	LSH		-	- 32 -	432	6	
Use	DAHO	Spouse	s first name and initial			name			s Social Se		<u> </u>	quired)
	abel,	SAN	DRA		WH	LSH		444	-	796	8	
	ierwise, ilease		address							ayer de		
	nease tortype.	310	MCBRIDE					□ •	in 20		00000	
	٠,٠		ate and ZiP Code					1—	- Spor	se dece	ased	
		MC (CALL, ID 83658					∐ •	in 20			
Do v	ou need		income tax forms maile	d to you n	ext vear?	Yes X	Ja					
,				1] . 00			·			
Fil	ing statu	reli	iling married joint or soparate urn, enter spouse's name and tial security number above,		xemptions Enter the laimed on federal retu	ırn.	Election campaign to I want \$1 of my inco Election Campaign to	me ta	x to go \$2 on	to th	e Ida eturni	ho),
1	Sing	gle		a [1 Yourselfif	parents, or someone se, can claim you (or	7 Yourseif 8 Spo	USB	7 \	/oursel	8 \$1	pouse
2	X Mar	ried fil	ing joint return	b [1 Spouse 2	our spouse) as opendents, enter '0'.	Constitution -	Rej	publica	ın 🗌	• [
3	Mar	ried fil	ing separate return	c	Other dependents		Democratic •	No	Specif	ic	• [
4	Hea	d of h	ousehold	d [2 Total exemptions		Libertarian -		Non	ne X	- [X
5	Qua	difying	widow(er)		_		Natural Law 📄 📲				_	
ATTACH PAYMENT H	9 Er lin 10 Ac 11 Tc 12 Sc 13 TC	nter yo ne 21; idition otal. Adubtract OTAL / you ha	instructions. our federal adjusted gros or federal Form 1040EZ s from Form 39R, Part / dd lines 9 and 10 ion from Form 39R, Par ADJUSTED INCOME, Subve an NOL and are elected.	, line 4. At A, line 6. A t B, line 2 btract line cting to for	ttach a complete copy ttach Form 39R 1. Attach Form 39R	of your federal a	return	9 10 11 12		_	9,27 2,35 6,92 3,08	52. 25. 37.
H E R E	Standard Deductio		a If age 65	or older		■ □ You	urself • 🗌 Spouse					
	For Most	∵ ∤	CHECK— b If blind			Hyou	urself • Spouse	8 6				
A T A C H	People	' '	į.		meone else can clain		dent W					
ĉ	\$ingle: \$4,750	-	check he	re and ent	er zero on lines 20 ai	nd 46 , . , , , , ,						
	Head of	15	Itemized deductions. Attach t	ederal Sched	ule A. Federal limits apply.	• 15	25,210.					
5 T	Household	16	All state and local income ta	kes included (on federal Schedule A, line	5 16	N. S.					
A T E	\$7,000	L17	Subtract line 16 from I	ine 15. If y	ou do not use federa	l Schedule A, ent	ter zero	17		2	5,21	10.
	Married filing	_18	Standard deduction. S	ee instruct	ions if you checked a	ny box on line 14	1 • [18			9,50	
W Z	filing Jointly:	[19	Subtract the LARGER					19				O.
	\$9,500	20	Multiply \$3,050 by the				_	20			6,10	
C O P	Married filing	21	Taxable income. Subtr				· · · -	21				0.
i E	Separately	: 22	Tax from tables or rate					22				0.
S	\$4,750	1					_					
H E R F	Qualifying Widow(er) \$9,500						Continue to page 2					

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056 ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.

9.204			,			Page z
23	Tax amount from line 22				23	
CRE	DITS. Limits apply. See instructions.				988	
24	Income tax paid to other states. Attach Form 39R and a copy of the other state return(s)					
25	Credit for contributions to Idaho educational entities					
26	Investment tax credit. Attach Form 49 Earned	owed 🛚	26		787	
27	Credit for contributions to Idaho youth and rehabilitation facilities		27		500	
28	Credit for production equipment using post-consumer waste	•[28			
29	Promoter-sponsored event credit		29			
30	Credit for qualifying new employees, Att Form 55 Earned • Allo	owed =	30		300	
31	Credit for Idaho research activities, Att Form 67 Earned Allo	owed •[31			
32	Broadband equipment investment cr. Att Form 68., Earned •Allo	owed •[
33	Incentive investment tax credit. Attach Form 69				建	
34	TOTAL CREDITS. Add lines 24 through 33	<u>.</u> .			34	
35	Subtract line 34 from line 23. If line 34 is more than line 23, enter zero				35	0.
OTH	ER TAXES. See Instructions.					
36	Fuels tax due. Attach Form 75	,			36	
37	Sales/Use tax due on mail order, Internet, and other nontaxed purchases					
38	Tax from recapture of investment tax credit. Attach Form 49R					
39	Tax from recapture of broadband equipment investment credit. Attach Form				_	
40	Tax from recapture of incentive investment tax credit. Attach Form 69R					
41						10.00
	Permanent building fund. Check the box if you are receiving Idaho public assistance payments			······ " [41	10.00
42	TOTAL TAX. Add lines 35 through 41.		· <u>· · · · · ·</u>		42	10.
	ATIONS. See instructions.				l	
43	I wish to donate to the Nongame Wildlife Conservation Fund				43	
44	I wish to donate to the Children's Trust Fund/Child Abuse Prevention				44	10
45	TOTAL TAX PLUS DONATIONS. Add lines 42 through 44				45	10.
	MENTS and OTHER CREDITS. See instructions.					
46	Grocery credit. \$20 per person claimed on line 6d				46	40.
47	Additional grocery credit. \$15 per person 65 or older claimed on line 14a			•	47	
48	Maintaining a home for family member age 65 or older, or developmentally				48	
49	Special fuels tax refund Gasoline tax refund			Attach Form 75	49	<u> </u>
50	Idaho income tax withheld. Attach Form(s) W-2				50	
	2003 Form 51 payment(s) and amount applied from 2002 return				51	
	TOTAL PAYMENTS AND OTHER CREDITS. Add lines 46 through 51				52	40.
TAX	DUE or REFUND. See instructions.				2 2 2 N	
If line	45 is more than line 52, GO TO LINE 53. If line 45 is less than line 52, GO 1	TO LIN	IE 56.		9930	
53	TAX DUE. Subtract line 52 from line 45				53	
	Penalty Interest from the due date			Enter total	54	
	Check box if penalty is due to an ineligible withdrawal from an Idaho medica	al savi	nos a			
	TOTAL DUE. Add lines 53 and 54. Make check or money order payable to the		_		55	
	OVERPAID. Line 52 minus lines 45 and 54. This is the amount you overpaid		56	30.	- J. ages	COLUMN CONTRACTOR OF THE COURT OF THE COLUMN
	REFUND. Amount of line 56 to be refunded to you	-	57	30.	133	
	ESTIMATED TAX. Amount of line 56 to be applied to your 2004 estimated to	_			58	
				<u></u>	70	
	IDED RETURN ONLY. Complete this section to determine your tax due or r					
	Total tax due (line 55) or overpayment (line 56) on this return				59	<u></u>
	Refund from original return plus additional refunds				60	
	Tax paid with original return plus additional tax paid				61	
62	Amended tax due or refund. Add lines 59 and 60 and subtract line 61		<u></u>		62	
• X	Within 180 days of receiving this return, the Idaho State Tax Commission m Under penalties of perjury, I declare that to the best of my knowledge and b	ay disa elier ti	cuss l his re	his return with paid pr turn is true, correct an	epar id coi	er identified below. mplete.
	Your signature Date	Paid pre	parer*s	signature		Preparer's EIN, SSN, or PTIN
		LON	INY	L. HYTREK	.	- 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
SIGN			_	one number	Ċ!	541) 889-5318
HERE		HYTR	EK 4	RICHINS, P.C	•	•
				4TH AVENUE, S		E 1
	i I					
				, OR 97914		
	1	#: I N +	- H 7	-0402754		

2003

IDAHO SUPPLEMENTAL SCHEDULE For Form 40, Resident Returns Only

FORM 39R TC39R03 8-13-01

	For calendar year 2003, or fisca	al year beginnir	<u>iġ</u>	, endir	ng		
Nam	e(s) as shown on return				Social :	Security (Number
GE	NT AND SANDRA WELSH					- /	1326
A	Additions. See instructions.				•		
1	Federal net operating loss carryover included in	line 9 Form 40				1	2,352.
2	Capital loss carryover incurred outside the state						2,332.
3	Non-Idaho state and local bond interest and divide						
4	Idaho college savings account withdrawal						
5	Other additions, including additions for bonus	, , , , , , , , , , , , , , , , ,				<u> </u>	
,	depreciation. Attach explanation					5	
6	Total additions. Add lines 1 through 5, Enter on I	ine 10, Form 40) <u> </u>			6	2,352.
В	Subtractions. See instructions.						
1	Idaho net operating loss carryover	2.352.					
·	Idaho net operating loss carryback		Enter total here			1	2,352.
2	State income tax refund if included in federal inc						-,
3	Interest from U.S. Government obligations						
4	Insulation of Idaho residence						
5	Alternative energy devices deduction			, , ,		153	
_	This indiana one gy bornes of the file.						
	Year Acquired Type of Device	Total Cost	Percent				
-	2003 \$		x 40% =	5a			
-	2002 \$		x 20% =	5b	- H 1 II		
,	: 2001 \$	-	x 20% =	5c			
_			x 20% =	5d		1	
-	Add lines 5a through 5d					5e	
6	Child/dependent care. Attach federal Form 2441						
7	Social security and railroad benefits, if included it						
8	Retirement benefits deduction. Complete Section	1 E				8	
9	Technological equipment donation					9	
10	Idaho capital gains deduction. Attach Form CG.					10	
11	Adoption expenses		,	, , , .		11	
12	Idaho medical savings account. Contributions						
	Financial institution					12	
13	Idaho college savings program						
14	Maintaining a home for the aged and/or development					14	
15	Idaho lottery winnings, less than \$600 per prize.					15	
16	Income earned on a reservation by an American						
17	Health insurance premiums						
18	Long-term care insurance					18	
19	Worker's compensation insurance					19	
	Called and the state of the sta						
20	Other subtractions, including subtractions for bor Attach explanation	nus depreciation ATEMENT. 1.	۱ . 	. , ,		20	735.

IDAHO INVESTMENT TAX CREDIT

FORM **49**

TC49031

					9-14-03
	Month Day Year		Month Day Yea	Γ	
For calendar year 2003, or fiscal year beginning	03	ending			
Name(s) as shown on return			Social Secu	rity Number or	EIN
GENT AND SANDRA WELSH				4326	
PARTI – CREDIT AVAILABLE SUBJECT TO L	IMITATION		. ,>		
1 a Amount of qualified investments acquired during the Attach a complete list of qualified investments	tax year.			1 a	
b Amount of investments for which you claimed the pro					
c Subtract line 1b from line 1a. This is the amount of q investment tax credit.	ualified investments o	n which you may e	earn the	10	
2 Credit earned. Multiply line 1c by 3%					
3 Pass-through share of credit from a partnership, S co					
4 Credit received through unitary sharing. Attach a schi	edule			4	
5 Carryover from prior years' investment credit. Attach	Form 49C or other sch	nedule		5	300.
6 Credit distributed to partners, shareholders or benefic	ciaries			6	
7 Credit shared with unitary affiliates	· • • • • • • • • • • • • • • • • • • •			7	
8 Total credit available subject to limitation. Add lines 2	through 5 and subtra	ct lines 6 and 7		8	300.
PART II — LIMITATION					
1 Idaho income tax. Enter the amount from the appropri				1	
2 Credit for tax paid to other states				2	
3 Idaho income tax after credit for tax paid to other sta				3	
4 Credit for contributions to Idaho educational entities.		<u></u>		4	
5 Tax available after credits. Subtract line 4 from line 3		5			
6 50% of tax after credit for tax paid other states. Multi	ply line 3 by 50%	6			
7 Investment tax credit available. Enter the amount from	n Part I, line 8	7	300.		
8 Investment tax credit allowed. Enter the smallest amo	ount from line 5, 6 or 7	, 		8	0.

QUALIFYING DEPRECIABLE PROPERTY

Idaho generally follows the definition of qualified property found in the Internal Revenue Code (IRC), Sections 46 and 48 as in effect prior to 1986. The property must have a useful life of three years or more and be property for which you are allowed the deduction for depreciation or amortization in lieu of depreciation. Qualifying property includes the following property used in a trade or business:

- Tangible personal property machinery and equipment
- Other tangible property property used as an integral part of manufacturing, production, extraction, or furnishing transportation, communications, or utility services, or research facilities and bulk storage facilities used in connection with those businesses
- Elevators and escalators
- Single purpose agricultural or horticultural structures
- Qualified timber property
- Petroleum storage facilities
- Qualified broadband equipment as approved by the Idaho Public Utilities Commission

NONQUALIFYING PROPERTY

Property that does not qualify includes:

· Buildings and their structural components

- Property used in lodging facilities that rent 50% or more of their lodging units for periods of 30 days or longer, such as apartment houses or rental homes. (Does not apply to hotels and motels that rent more than half their units for periods less than 30 days.) Nonqualifying property includes property used in the living quarters, lobby furniture, office equipment, and laundry and swimming pool facilities but excludes certain coin-operated machines.
- The cost of property expensed under Section 179, IRC
- Property subject to 60-month amortization
- Used property not acquired by purchase
- Property that is either nondepreciable or has a useful life of fewer than three years
- The portion of property used for personal use
- Used property in excess of \$150,000
- Horses

Idaho exceptions to IRC Sections 46 and 48

Idaho law specifically excludes the following property from qualifying for the Idaho investment tax credit:

- Property not used in Idaho
- Vehicles under 8,000 pounds gross weight

2003

IDAHO INVESTMENT TAX CREDIT CARRYOVER

FORM 49C

030 11-17-03

300. Ö 2002 0 O 2001 Ö 0 Z000 Social Security Number or EIN 0 o 94326 2 1 3 9 9 Day Year O 0 Month 교 ending Ö 25 Carryover to 2003. Total columns A through J, line 24. Carry to line 5, Part I, Form 49....... 03 1997 Оау O ₽ 1996 For calendar year 2003, or fiscal year beginning ဂ<u>န</u>် Ф B 1994 1994 GENT AND SANDRA WELSH A 1993 Name(s) as shown on return In 1998.
Recaptured
in 1998.
Recaptured
in 1999.
Recaptured
in 1999.
Allowed/used
in 2000.
Allowed/used
in 2000.
Allowed/used Recaptured in 2011.
Allowed/used in 2012.
Recaptured in 2002.
Recaptured in 2003.
Recaptured in 2003 in each column, one act column, one act column, authrough 22.
In each column, subtract line 23. in 1997. Recaptured in 1997. Altowed/used in 1996. Allowed/used in 1394. Allowed/used in 1993. Recaptured in 1396. Recaptured in 1993. . . . Credit earned Recaptured in 1995. . . . 9 \sim

ID:20201L 11/18/03

2003 IDAHO STATEMENTS PAGE 1

CLIENT 7720 GENT AND SANDRA WELSH

4/12/04 O6:44PM

STATEMENT 1
FORM 39R, PAGE 1, LINE 20
OTHER SUBTRACTIONS

DEPRECIATION ADJUSTMENT.

\$ 735.

TOTAL \$ 735.

IDAHO FORM 4562 Depreciation and Amortization (Including Information on Listed Property) See separate instructions. Attach to your tax return.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0172

2003

67

Namo(s) shown on return

GENT AND SANDRA WELSH

4326

Identifying number

	ess of activity to which this form rela							
	HEDULE C - TELEKI							
Par	tili Election To Exp Note: <i>If you have a</i>	pense Certain any listed property	Property Under Sec , complete Part V before	ction 179 you complete	Part I.			
1	Maximum amount. See in	structions for a hig	gher limit for certain bus	inesses			1	\$100,000.
2	Total cost of section 179						2	
3	Threshold cost of section	179 property befo	re reduction in limitation	. , , . , , , , , ,	*********		3	\$400,000.
4	Reduction in limitation, Su						4	
5	Dollar limitation for tax ye separately, see instruction	5						
- 6		Description of property		(b) Cost (busines		(C) Elected cos	it	
7	Listed property. Enter the	amount from line	29		7			
8	Total elected cost of section	on 179 property. A	Add amounts in column ((c), lines 6 and	7		8	
9	Tentative deduction. Enter	the smaller of lin	ie 5 or line 8				9	
10	Carryover of disallowed de	duction from line	13 of your 2002 Form 45	562			10	
11	Business income limitation	i. Enter the smalle	er of business income (n	ot less than ze	ro) or line	5 (see instrs).	11	
12	Section 179 expense dedu	iction. Add lines 9	and 10, but do not ente	r more than lin	e 1 <u>1</u>		12	
13	Carryover of disaflowed de	duction to 2004. A	Add lines 9 and 10, less	line 12	► 13			
	: Do not use Part II or Part							
	Special Depreci							
14	Special depreciation allow tax year (see instructions)	ance for qualified	property (other than list	ed property) pla	aced in se	vice during the	14	
15	Property subject to section						15	
16	Other depreciation (includi	ng ACRS) (see in	structions)				16	
Part	tilli MACRS Depred	iation (Do not in	clude listed property.) (See instruction:	s)			
	• • • • • • • • • • • • • • • • • • • •		Sectio					
17	MACRS deductions for ass	ets placed in serv	rice in tax years beginnis	ng before 2003		* * * * * * * * * * * * * * * * * * * *	17	2,449.
18	If you are electing under some or more general asset	ection 168(i)(4) to accounts, check l	group any assets place here.	d in service dur	ing the tax	year into		
	Section B	 Assets Placed i 	n Service During 2003 1	lax Year Using	the Gener	al Depreciation	Syste	em
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conventi	on (f) Method		(g) Depreciation deduction
19 a	3-year property	THE MEDICAL CHILD			1			
b	5-year property			•				
¢	7-year property							
d	7-year property	TATE OF THE STATE						
е	15-year property							
f	20-year property	An in the property Common Probabilities in Common Common Common Probabilities in the Common C						
g	20-year property	The state of the s		25 yrs		S/L		
	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	\$/L		
í	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C -	Assets Placed in	Service During 2003 Ta	x Year Using th	ie Alterna	tive Depreciation	n Sys	stem
20 a	Class lite	STATE STATE OF STREET		_		S/L		
Ь	12-year			12 yrs		\$/L		
	40-year			40 yrs	MM	S/L		
Part	N Summary (see ins	structions)						
	Listed property. Enter amo			* * * * * * * * * * * * * * * * * * * *			21	
22	Total. Add amounts from line 12, of your return. Partnerships and S	lines 14 through 17, lin corporations — see in	es 19 and 20 in column (g), ar structions	nd line 21. Enter her	re and on the	appropriate lines	22	2,449.
	For assets shown above an				22		3	

-58	- 4	32	6

Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A. all of Section B, and Section C if applicable.

	COIUMNIŞ	(a) urrough (c)	i of Section A	4, <i>811 01</i> \$6	action R	, and Se	ection C	: іг арр	licable.						
	Section	on A — Deprec	iation and Ot	her Inforn	nation (Caution	: See in	structi	ons for lii	nits for	passenç	jer auto.	mobiles.)	
24	a Do you have eviden	ce to support the b	usiness/investm	ent use clain	ned?		Yes	N	lo 24b if	'Yes,' is t	he evidenc	e written?		Yes	No
7	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost other t	t or	(busin	(e) for depreci ess/invest use only)	iation ment	(f) Recovery period	M	(g) lethod/ nvention	Dep dв	(h) reciation duction	El sect	(i) lected tion 179 cast
25	Special depreci used more than	iation allowand 50% in a qual	e for qualified ified busines:	listed prosume	operty p	laced in	service	during	the tax	year an	d 25				
26														11-11-11-11	
				 		<u> </u>									
27	Property used 5	ov‰ ortessina	i qualified bu	sinėss use	3 (5ee ir	nstructio	ns):					,		473847866	SHIMBIAN
								-+						$\dashv i$	
28	Add amounts in	column (h), lin	es 25 throug	h 27. Ente	er here a	and on I	ine 21,	page 1			. 28				3063
29	Add amounts in	column (i), line	e 26. Enter <u>h</u>										29		
				Section I											
Con	nplete this section our employees, fi	i for vehicles u:	sed by a sole	proprieto	r, partne to see	er, or ot	her 'mo	re than	n 5% own	er,' or r	elated p	erson. I	i you pro	ovided v	ehicles
y	our employees, n	ist dillower the	questions in				 	<u> </u> 		' 		1			
30	Total business/i during the year miles — see ins	(do not include	commutina	Vehi	a) icle 1	1 .	b) icle 2	Ve	(c) hicle 3	_	d) icle 4	1	e) icle 5		f) icle 6
31		•		-								<u> </u>			
32	Total other pers	onal (noncomn	nuting)	<u> </u>											
33	Total miles drive lines 30 (hrough	en during the year	ear. Add												
	•			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty h	available for p	ersonal use	,											
35	Was the vehicle than 5% owner	used primarily or related perso	by a more on?											,	
36	ls another vehic personal use?														
			Question:	_	_					•					
¶⊓s\ 5% (wer these question owners or related	ns to determine persons (see i	e if you meet nstructions).	an excep	tion to d	completi	ng Sect	ion B t	for vehicle	es used	by emp	loyees v	who are	not moi	re than
37	Do you maintain by your employe	a written policies?	y statement t	hat prohib	oits all p	ersonal	use of	vehicle	s, includ	ing com	muting,		,	Yes	No
38	Do you maintain employees? See	a written policy instructions fo	y statement t r vohicles us	hat prohited by	oits pers porate o	onal us officers,	e of veh director	nicles, « s, or 1	except co % or mor	mmutin e owne:	ig, by yo	ur 			
39	Do you treat all														
40	Do you provide r	more than five viain the informa	vehicles to you	our employ	yees, ob					ployees	about th	ne use c	of the		
41	Do you meet the Note: <i>If your ans</i>													out out 55 out 19	ás Basil
Pai	tVI Amortiz	ation													
	Descr	(a) iption of costs		Date am	b) iortization gins		(c) Amortizab amount	le	Çi	d) ode otion	Ama pe	(e) rtization riod or centage		(f) Imortizatio or this yea	
42	Amortization of	costs that begin	ns during you	r 2003 tax	year (s	see insti	ructions): 							
											1-				
43	Amortization of	rnete that have	in hefore ver	[r 2002 to:								43	-		960.
7.3		costs mat bega	-		_			• • • • • •				44	 		960

IDAHO FORM 4562 Depreciation and Amortization (Including Information on Listed Property) See separate instructions. Attach to your tax return.

OMB No. 1545-0172

2003

Department of the Treasury Internal Revenue Service Namo(s) shown on return

GENT AND SANDRA WELSH

Identifying number

⊯-4326 Business or activity to which this form relates SCHEDULE C - SANDY'S APPLIANCES Partil Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See instructions for a higher limit for certain businesses..... 1 \$100,000. 2 Total cost of section 179 property placed in service (see instructions)...... 2 3 \$400,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29..... 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7....... 8 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 Carryover of disallowed deduction from line 13 of your 2002 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). 11 12 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Pair It Special Depreciation Allowance and Other Depreciation (Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)..... 14 15 Property subject to section 168(f)(1) election (see instructions). 15 Other depreciation (including ACRS) (see instructions)..... 16 Rattillia MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2003 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here.... Section B -Assets Placed in Service During 2003 Tax Year Using the General Depreciation System (a) Classification of property (C) Basis for depreciation (b) Month and (d) (g) Depreciation (e) (business/investment use Recovery period year placed in service Convention deduction 19 a 3-year property. b 5-year property... c 7-year property... d 10-year property. e 15-year property. f 20-year property. g 25-year property... 25 yrs S/L 27.5 yrs h Residential rental. MM S/L 27.5 yrs property..... S/L ΜM i Nonresidential real 39 yrs MM SZL MM S/LSection C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System 20 a Class life....., 5/L

Rart IV Summary (see instructions)

c 40-year..<u>....</u>

21 Listed property. Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return, Partnerships and S corporations — see instructions

S/L

S/L

MM

12 yrs

40 vrs

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b,

	columns	s (a) through (c) of Section A	, all of S	ection B	, and S	ectión C	if ap	oplica	abla. ¯	,	•		•	, _	,	
	Secti	on A Deprec	lation and Ot	her Infor	mation (Caution	: See in	nstruc	tions	s for lir	nits for	passend	er auto	moțiles	.)		
24	a Do you have evider	ice to support the b	usiness/investma	ent use clai	med?		X Yes					he evidenc			X Yes		No
Т	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos	d) st or basis	(busin	(e) for depreci ess/investi use only)	iation ment		(f) Recovery period		(g) Method/ Invention		(h) preciation eduction		(i) Elected section 179 cost	
25	Special deprecused more than	iation allowanc 1 50% in a qual	e for qualified	listed pr	roperty p e instruc	laced in	service	duri	ng th	he tax	year an	d 25			V.		
26	Property used								,			1.1 22			F.w. observed on	BINA SALL	Arables, Sur-A
	98 FORD NA	9/15/97	90.00	_													
	• • •																
27	Property used 9	 i0% or less in a	a qualified bus	iness ne	e (see in	etructio	me\-								<u> </u>		
		1 0, 1000 11, 5		311 C J J G J	ic (see ii	Judeno	113).		l				1		i and	W. 3. 42. 86	
				••							_						2 11-41
										•							
28	Add amounts in	column (h), lir	nes 25 through	n 27. Ent	er here a	and on l	ine 21,	page	1			28		¢		1	建湖
29	Add amounts in	column (i), line												29			Q,
					B — Info												
Com	plete this section	for vehicles us	sed by a sole	proprieto	or, partne	er, or ot	her mo	re th	an 5'	% own	er,' or r	elated p	erson. I	f you pr	ovided v	vehi	cles
io y	our employees, fi	rst answer the	questions in a	1				excet			1		1		1		
30	Total business/				(a) nicle 1		b) icle 2	١,	(C) منطورہ		'	(d) :1	1 .	(e) :	1	(f) :	,
	during the year miles — see ins	(do not include tractions)	e commuting		5,473		() () Z	 `	/ehic	леэ	ven	icle 4	ven	icle 5	Veh	icie	<u> </u>
31		•			37.173			+ -									
32	Total other pers	onal (noncomn	nutina)		608												
33	Total miles drive		-	- 000			1							-			
	lines 30 through			6,081													
				Yes	No	Yes	No	Υe	s	No	Yes	No	Yes	No	Yes	<u> </u>	lo_
34	Was the vehicle during off-duty l	available for p	ersonal use	. <u>x</u>													
35	Was the vehicle than 5% owner	used primarily or related perso	by a more on?	. <u>x</u>													
36	Is another vehic personal use?.			. x													
		Section C	— Questions	for Emp	oloyers V	Vho Pro	vide Ve	hicle	s fo	r Use b	y Their	r Employ	/ees				
Ansv 5% c	ver these questio owners or related	ns to determine persons (see i	e if you meet nstructions).	ап ехсер	otion to c	ompleti	ng Sect	tion E	for	vehicle	s used	by emp	loyees v	who are	not mo	re ti	hạn
37	Do you maintain by your employe	a written polic	y statement ti	nat prohi	bits all p	ersonal	use of	vehic	les,	includi	ng com	muting,			Yes	N	lo
38	Do you maintain employees? See	a written polic	v statement ti	nat probil	hits ners	onal us	e of veh	nicles	ext	tent co	mmutia	ia, by va	LIF				
39	Do you treat all															 	
	Do you provide i	more than five	vehicles to yo	ur emplo	vees. ob	tain info	ormation	n fror	η νοι	ur emp	lovees	about th	ne use o	of the			
41	vehicles, and ref Do you meet the	requirements (concerning qu	alified a	utomobile	e demo	nstratio	n use	? (s	ee inst	ructions	5)					West 17
Dak	Note: <i>If your an</i> : t⊮VI∭ Amortiz		39, 40, or 41	is 'Yes,'	do not c	omplete	Section	n B f	or th	e cove	red veh	iicles.				(6.3)	in a
	epanjaj Amorga	(a)			(b)	1	/n\		1	(0	15		(c)		(f)		
	Descr	iption of costs		Date an	nortization egins	,	(¢) Amortizabl amount	le		Co sec	de	Arno Pêr	rtization flod or lentage	1	Amortizatio for this yea)ri 3F	
42	Amertization of	costs that begin	ns during your	2003 ta	x year (s	ee instr	uctions):	.1			1	-#-	ļ			
	NTS ON REF				03/03			137.		4.6	51		15				3.
43	Amortization of	costs that bega	an before you	2003 ta	x year	, ,							. 43				

63.

44

Depreciation and Amortization (Including Information on Listed Property) See separate instructions. Attach to your tax return.

2003 67

Department of the Treasury Internal Revenue Service

OMB No. 1545-0172

	NT AND SANDRA WEI	LSH					lde G-8	ntifying number
	less or activity to which this form rel							2- -4326
SC.	HEDULE A (POINTS)							
Pa	tle Election To Ex	pense Certain	Property Under Se	ction 179				
	Election To Ex Note: If you have	any listed property	, complete Part V befor	e you complete f	Part I.			
7	Maximum amount. See ir					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	\$100,000
2	Total cost of section 179			"				
3	Threshold cost of section			\$400,000				
4	Reduction in limitation. S							
 	Dollar limitation for tax ye separately, see instruction	ear. Subtract line 4	from line 1. If zero or I	ess, enter -0 If	married filin	g 	5	
6	(a	Description of property	·	(b) Cost (business	use only)	(C) Elected cos	st	
7	Listed property. Enter the	amount from line	29		. 7			
8	Total elected cost of sect						8	
9	Tentative deduction. Ente						9	
10	Carryover of disallowed d		-				10	
11	Business income limitatio						11	
12	Section 179 expense ded						12	
13	Carryover of disallowed d	eduction to 2004.	Add lines 9 and 10, less	line 12	► 13			
	: Do not use Part II or Par				<u></u>			
	tili Special Deprec							
	Special depreciation allow tax year (see instructions))					14	
	Property subject to sectio						15	
16	Other depreciation (includ	ling ACRS) (see in	structions)				16	48.
Par	伽藤 MACRS Depre	<u>ciation (Do not in</u>	nclude listed property.)	(See instructions)			
			Section					
	MACRS deductions for as						17	
18	If you are electing under some or more general asse	t accounts, check l	here					
			in Service During 2003	Tax Year Using t	he General	<u>Depreciation</u>	Syste	m
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
	3-year property							
	5-year property							
C	7-year property							
<u>d</u>	10-year property							
e	10-year property	73.87 (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4						
	20-year property	Halle (Language (Charles to 19)) by (Charles San- th San Francisco (Charles on the San						
g	25-year property	Comment of the commen		25 yrs		S/L		
h	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
	Nonresidential real			39 yrs	MM	\$/L		
	property				MM	S/L		
		AND A STATE OF THE	Service During 2003 Ta	ax Year Using the	e Alternative		n Sys	tem
	Class life					S/L		
				12 yrs		\$/L		
	40-year			40 yrs	MM	S/L		, .
	IV Summary (see in						- 1	
21	Listed property. Enter amo	ount from line 28				 <u></u>	21	

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.

48

23

|--|

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	·								p,,,,,							
-24	a Do you have eviden	on A — Deprect	iation and O	ther infor	mation (C	Caution	: See it									
	(a)	(b)	(c)		i)	<u> </u>			NO Z		res, is t		e written?	-	Yes	No.
T	ypc of property (list vehicles first)	Date placed in service	Business/ investment use percentage :	Cos	it or basis	(busin	(c) for depred less/invest use only)	iation ment		(f) ecovery eriod		(g) felhod/ nvention	Dep de	(h) reciation iduction	sec	(i) lected tion 179 cost
25	Special depreci used more than	iation allowance n 50% in a qual	e for qualifie	d listed pr	operty pl	laced in tions)	service	e duri	ng th	e tax y	ear an	d 25		•	(100 April)	
26										.,,,,					Footblanchar	240400220002300023
						<u> </u>										
		0.00/				<u> </u>										
	Property used 5	or less in a	i qualified bu	siness us	e (see in	structio I	ns):						T		- Constitution	Marie Station in France (
											+					
	-										+					
	Add amounts in															
29	Add amounts in	column (i), line	26. Enter h	ere and o	n line 7,	page 1	<u> </u>							29		
_					B — Info											
Con to w	oplete this section our employees, fit	for vehicles us	sed by a sole	: proprieto Section C	r, partne	r, or ot	her 'ma	re tha	in 5%	owne	er, or r	elated p	erson. l	f you pro	ovided v	ehicles
	our employees, m	ot dilawei tile t	dnez(iótiž (i)		тт			excep T		O COLL			····			
30	Total business/i	nvestment mile	s driven		a) icle 1		b) icle 2	v	(c) ehicl	e 3	-	d) icle 4		e) icle 5		f) icle 6
	during the year miles - see ins	(ao not include tructions)	: commuting			1011	0.00	 `	00.		* ***	1010 +		010 0	4 0111	010 0
31	Total commuting mil	les driven during th	e year													
32	Total other pers miles driven	onal (noncomm	nuting)	. ,]	-										-	
33	Total miles drive lines 30 through	an during the years	ear. Add									•				
	_			Yes	No	Yes	No	Ye	5	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty h	available for pe	ersonal use													
35	Was the vehicle than 5% owner o	used primarily or related perso	by a more			""										
36	Is another vehicl personal use?	le available for	<u> </u>	,											·	
		Section C	- Question	s for Emp	loyers W	/ho Pro	vide Ve	hicle	s for	Use b	y Their	Employ	/ees			
Ansv 5% d	ver these question whers or related	ns to determine persons (see in	: if you meet istructions).	an excep	tion to co	ompleti	ng Sect	tion B	for v	ehiçle	s used	by emp	loyees v	vho are	not moi	e than
37	Do you maintain by your employe	a written policy	/ statement i	hat prohil	oits all pe	ersonal	use of	vehic	es, i	ncludir	ng com	muting,			Yes	No
38	Do you maintain employees? See											g, by ye	ur			
39	Do you treat all L	use of vehicles	bv emplovee	s as pers	onal use	7	unector	5, Of	176 U	r myrę	owner	S		. , , , , , .		
40	Do you provide n vehicles, and reta	nore than five v	ebicles to vo	our emplo	vees obt	ain info	ormatio	n fron	יומע ב	r emni	invaae	about th	0 1180 0	f the		
	Do you meet the Note: If your ans	requirements of	oncerning q	ualified au	ıtomobile	demoi	nstratio	n use	? (se	e instr	uctions	3)		, [1001 SAMONS
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		(a)		(b)		(c)		П	(d)	<u> </u>	(e)		(f)	
	Descri	ption of costs		Date am	ortization gins	,	Amortizabi amount	le		Cod secti	ie	Armo per	rtization rod or entage	A fi	mortization or this yea	n r
42	Amortization of o	osts that begin	s during you	r 2003 ta:	year (se	e instr	<u>uctions</u>); <u> </u>								
42	A					1			<u> </u>							
43 44	Amortization of a							• • • • •					43			<u>5.</u>

\$

\$

	2. Income other than from	employment or oper	ation of business	None X
	State the amount of income re operation of the debtor's busin of this case. Give particulars. (Married debtors filing under of or not a joint petition is filed, to	ness during the two ye . If a joint petition is file chapter 12 or chapter 1	ars immediately precedi ed, state income for eac 3 must state income of t	ng the commencemen h spouse separately. ooth spouses whether
	AMOUNT	so	DURCE (if more than on	e)
S		\$		
\$		\$		
3.	Payments to creditors			None
a.	List all payments on loans, insaggregating more than \$600 to commencement of this case, payments by either or both special and a joint petition	o any creditor, made w (Married debtors filing pouses whether or not a	rithin 90 days immediat under chapter 12 or cha	ely preceding the apter 13 must include
JAME	AND ADDRESS OF CREDITO	R DATES OF		AMOUNT STILL OWING
47 WYI				
see to c	attachment regarding pereditors and mortgage		\$	\$
see to c	reditors and mortgage	*	\$ prox. \$1618.10	\$
see to c	creditors and mortgage cany	*		\$ None
see to c Comp Hous	creditors and mortgage cany	es 5/31/04 ap s one year immediately who are or were insider nents by either or both	prox. \$1618.10 y preceding the comment. (Married debtors filing spouses whether or not	None None notement of this case to the under chapter 12 or
See to c Comp Hous b.	creditors and mortgage cany sehold Mortgage Service List all payments made within or for the benefit of creditors with the chapter 13 must include payments.	es 5/31/04 ap s one year immediately who are or were insider ments by either or both rated and a joint petitio	prox. \$1618.10 y preceding the comment (Married debtors filing spouses whether or not in is not filed.) AMOUNT	None None None None None None None None

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Thick Sept

4.	Suits and administrative	proceedings,	executions,	garnishments	and	attachments
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None 🔽

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE

OF PROPERTY

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

 Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT TERMS OF ASSIGNMENT

OR SETTLEMENT

None |



 List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT / CASE NUMBER AND TITLE

DATE OF ORDER

DESCRIPTION AND VALUE OF PROPERTY

7. Gifts



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON

OR ORGANIZATION

RELATIONSHIP TO DEBTOR,

DATE OF **GIFT**

DESCRIPTION AND VALUE OF GIFT

IF ANY

NAME AND ADDRESS

OF PAYEE

8. Losses		None 🗸			
commencement of the chapter 12 or chapter	re, theft, other casualty or gambling within one year in its case or since the commencement of this case . If 13 must include losses by either or both spouses who ises are separated and a joint petition is not filed.)	(Married debtors filing under			
DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS			
9. Payments related to debt counseling or bankruptcy None					
attorneys, for consult	de or property transferred by or on behalf of the debtor ation concerning debt consolidation, relief under the ba uptcy within one year immediately preceding the comm	nkruptcy law or preparation			

John T. Schroeder, attorney P.O. Box 267 Boise, Idaho 83701 DATE OF PAYMENT NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

May 28, 2004 Debtors

\$1509.00 (attorney fees and filing fee)

10. Other transfers None

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filling under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE AND RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Ralph Ross Meridian, Idaho April 2004

1998 Navigator, \$18,500.00 (best offer rec'd \$15,000.00)

Stephen Loder Cascade, Idaho April, 2004 sold small engine

The proceeds received went to pay creditors

parts for \$2,000.00. Proceeds received went to pay creditors.

11. Closed financial accour	ш	ш	ы
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None 🗸

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE AND LAST FOUR DIGITS OF ACCOUNT AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None ____

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DESCRIPTION OF

CONTENTS

DATE OF TRANSFER OR SURRENDER.

IF ANY

US Bank McCall Branch McCall Idaho

Gent Welsh and Sandra Welsh nothing

NA

13. Setoffs

None 🗸

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90** days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF AMOUNT OF SETOFF

¢

Form 7 - Statement of Financial Affair	8
12/03	

	14.	Property	held	for	another	person
--	-----	-----------------	------	-----	---------	--------

None 🗸

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor



If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and former spouses



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the six-year period immediately preceding the commencement of this case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information

For the purpose of this question, the following definitions apply;

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

Form 7 -	Statement of Finance	cial Affairs			
					ental law, whether or not t limited to, disposal sites.
					ardous substances, toxic under an environmental
					None 🗸
a.	governmental u	nit that it may b		lable under or in viol	d notice in writing by a ation of an environmental environmental law.
	E NAME ID ADDRESS) ADDRESS NMENTAL UNIT	DATE OF NOTICE	ENVIRÓNMENTAL LAW
-					None 🖊
ъ.		nazardous mat			tice to a governmental unit ich notice was sent and the
	TE NAME ID ADDRESS) ADDRESS NMENTAL UNIT	DATES OF NOTICE	ENVIRONMENTAL LAW
					None 🖊
c.	environmental la	aw with respec	e proceedings, includir t to which the debtor is init that is or was a par	s or was a party. Inc	
	NAME AND AD OF GOVERNM		DOCKET NUMBER	R STAT	US OR DISPOSITION
	18. Nature, loc	cation and na	me of business		None

a. If the debtor is an individual, list the names and addresses, taxpayer identification numbers, nature of the business and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME

TAX PAYER I.D. NUMBER

ADDRESS

NATURE OF BUSINESS

BEGINNING

AND

Sandy's Appliances

Retail Sales

ENDING DATES

2002 - May 31, 2004 approx.

Western Auto

Retail Sales

1994 - 2002 approx.



b. Identify any business listed in response to subdivision a. (above) that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

> The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than limited

rtner, of a partnership; a sole p	roprietor or otherwise self-e	mployed.
has been in business, as det commencement of this case.	ined above, within the six y A debtor who has not bee	years immediately preceding the
. Books, records and financ	ial statements	None 🗸
NAME	ADDRESS	DATES SERVICES RENDERED
		None V
List all firms or individuals who case have audited the books debtor.	no within two years im med of account and records, or	iately preceding the filing of this bankrupto
NAME	ADDRESS	DATES SERVICES
	(An individual or joint debtor has been in business, as det commencement of this case go directly to the signature possible. Books, records and finance List all bookkeepers and accepankruptcy case kept or super NAME. List all firms or individuals who case have audited the books debtor.	List all firms or individuals who within two years immed case have audited the books of account and records, or debtor.

Form 7 - 12/03	Statement of Financial Affairs		
			None
c.		who at the time of the commencemen nd records of the debtor. If any of the lain.	
	NAME	ADDRESS	DATES SERVICES RENDERED
ent and Sandra	Welsh - Debtors		1994 - 2004 approx.
onny Hytrek, Cl	PA		2002 - 2004 арргох.
			None 🖍
d.		s, creditors and other parties, including nt was issued within the two years im se by the debtor.	
	NAME	ADDRESS	DATE ISSUED
20.	. Books, records and fina	ncial statements	None
a.	List the dates of the last to supervised the taking of ea	vo inventories taken of your property, t ach inventory, and the dollar amount a	the name of the person who nd basis of each inventory.
	DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
May 31,	2004	Gent Welsh and Sandra Welsh	\$ 5046.94
			None 🗸

b. List the name and address of the person having possession of the records of each of the two inventories reported in a. (above).

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

Form 7 -	Statement	t of Financia	l Affairs
12/03			

03					
21.	Current partners, officers, dire	ectors and shareholder	'S	None 🔽	
a.	If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.				
	NAME AND ADDRESS	NATURE OF INTERES	T PERCENTAGE	OF INTEREST	
				None 🗸	
b.	If the debtor is a corporation, list who directly or indirectly owns, o securities of the corporation.				
	NAME AND ADDRESS	TITLE	NATURE AND PERCEI STOCK OWNERSHIP	NTAGE OF	
22.	Former partners, officers, dire	ectors and shareholder	·s	None 🔽	
a.	If the debtor is a partnership, list immediately preceding the comm		drew from the partnership	within one year	
	NAME	ADDRESS	DATE OF WITH	HDRAWAL	
				None 🗸	
b.	If the debtor is a corporation, list terminated within one year imm	t all officers, or directors rediately preceding the c	whose relationship with the ommencement of this case	ne corporation se.	

TITLE

ADDRESS

NAME

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group



If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER

25. Pension Funds



If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year** period immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER

[If completed by an individual or individual and spouse] I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct. dra Kung Webse June 2,2004 Signature of __ Debtor June 2, 2004 Signature of Joint Debtor (if any [If completed on behalf of a partnership or corporation] I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief. Printed Name and Title [An individual signing on bahalf of a partnership or corporation must indicate position or relationship to debtor] Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. U.S.C. 18 § 152 and 3571. CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Social Security Number Printed or Typed Name of Bankruptcy Petition Preparer Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

Form 7 - Statement of Financial Affairs

Signature of Bankruptcy Petition Preparer

12/03

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 156.

Date